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RPSGB argues over 'financial disarray' claim

Patient group directions come into effect

*Wise up to what
Chemex can offer*

Zatland speaks, pharmacy listens

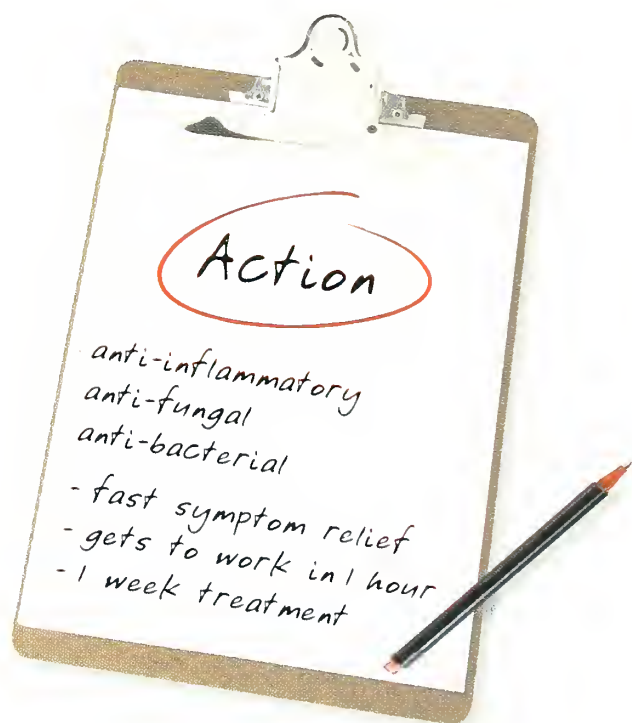
*Updated Mediphase
likely to contain
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Inside information on GI disorders

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pregnancy and lactation, on ano-genital area, to treat ringworm or secondarily infected skin conditions. **Warnings and Precautions:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Cost:** 15g tube £4.49. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Product Licence Number:** PL 0010/0216. **Date of Preparation:** May 2000.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 254 No 6252 140th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

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COMMENT

Patient group directives. Who'd 'ave 'em, eh? Well, pharmacists for a start. The new legislation may have too much legalese, but when the words relating to patient protocols (or PGDs in the new parlance) are studied, the possibilities seem limitless. The first success for pharmacy is the requirement that any PGD has to be signed by a pharmacist. This is a significant recognition that pharmacists are the experts in medicines. Lingering doubts over the legality of the morning after pill supply schemes are cleared up. And by extrapolating the law, the end point could be the disappearance of repeat prescriptions as we know them.

The Crown report on prescribing, suggested that supply without a prescription should remain a minor route of supply. NHS Executive guidance affirms this, although the legislation is open to interpretation and may enable this development of PGDs. In 'blue sky' terms, it could be that when primary care trusts commission pharmaceutical services, PGDs may allow patients to obtain their repeat medication without a repeat prescription. A system could be set up whereby the patient signs to say they have received their next supply of medicine and the pharmacist invoices the trust for the medicines supplied. Electronic links could facilitate this, so that the PPA would only have to deal with prescriptions initiating treatment.

This might be a bit fanciful as a PGD would have to be drawn up for each drug group, for every pharmacy, (with named pharmacist), and doctor, so that a myriad of bits of paper could exist in each dispensary. Remuneration systems would have to change and the health authority, or similar, would have to sign off the PDG. But the principle is there.

Whether it is opening Pandora's box or whether it provides a sensible footing for the future of medicines supply remains to be seen. But as the Royal Pharmaceutical Society has often said, it's over to you.

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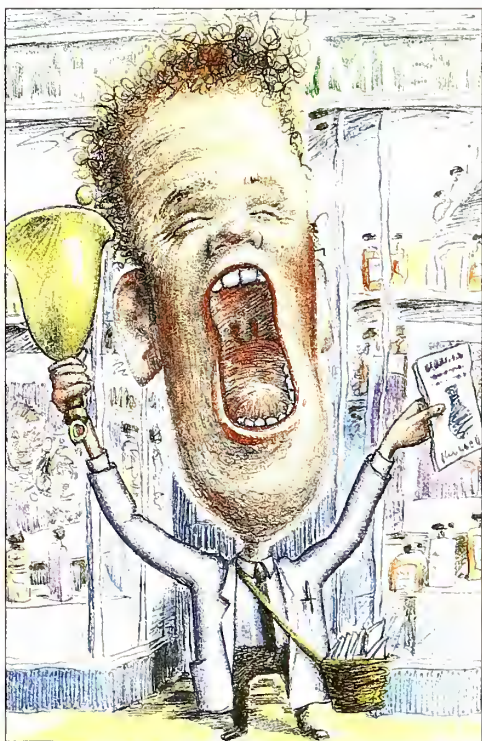
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Sharon Buckle, former head of corporate affairs at Crookes Healthcare, is to devote her time to politics



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United Business



Extemporaneous dispensing standard issued

A new standard on extemporaneous dispensing is to be added to the Code of Ethics.

Approved last week by the Royal Pharmaceutical Society Council, standard 20 sets out requirements for extemporaneous preparation or compounding of medicines. A product should be prepared extemporaneously only when no product with a marketing authorisation is available. Records should be kept for two years, but ideally five years.

Pharmacists must ensure that they and any other staff are competent to undertake the tasks and appropriate facilities and equipment are available.

A significant factor in introducing the standard was the 'Runcorn case' in which a baby died after being prescribed peppermint water. This was made up extemporaneously by a pre-registration student but contained too high a level of chloroform water.

Among the record keeping requirements are:

- the formula
- ingredients and quantities used
- their source, batch number and expiry date
- the personnel involved
- the identity of the pharmacist taking overall responsibility.

If the product is being dispensed in response to a prescription, the records must also include:

- the prescription details and patient details
- the date of dispensing
- a copy of the label.

The standard is not intended to cover the reconstitution of dry powders with water or other diluents.

Child's death

A coroner is to write to the Medicines Control Agency asking it to review the use of child-resistant containers for medicines following the death of a three-year-old boy from swallowing around 40 iron tablets.

The boy, Yaqoob Lookman, opened the blister packs of the ferrous sulphate tablets while his mother was upstairs asleep. He was rushed to Dewsbury District Hospital and later transferred to Leeds General Infirmary, where he died on February 2.

The post mortem showed that Yaqoob had died from the effects of iron poisoning, which had caused severe lung damage.

Roger Whittaker, the West Yorkshire coroner, said at the inquest into his death that the packet had "totally inadequate" health warnings and was not child-resistant enough.

RPSGB Council fights 'financial disarray'

The Royal Pharmaceutical Society could be heading towards 'financial disarray', a Council member has warned.

At last week's Council meeting, Privy Council appointee Dr John Evans brought up the issue in public session, in advance of an item to be discussed in private. He thought the Society was verging on quite serious financial disarray.

Although reminded that Council was in open session, Dr Evans felt that matters were sufficiently worrying that they should be brought into the public arena. "There are some things that make me think that our financial affairs are not in as good order as they should be, and I think that at some stage someone should talk publicly because the membership should know," he told Council.

Asked at one point by Peter Curphey if Dr Evans wanted to reconsider the words 'financial disarray', Dr Evans replied: "I would reconsider them and reaffirm them."

Professor Clare Mackie backed Dr Evans' claim saying that the public session was the right time to raise the issue. She believed the projections for next year were for a deficit, and warned that Council could be burying its head in the sand. "I would support Dr Evans in saying that our finances are in disarray."

Concern centres around several items discussed in the interim budgeting report, which is expected to be finalised for Council to vote on at the October Council. Former treasurer Dr Gordon Applebe warned that eight of the planned items of expense would decimate the Society's liquid reserves, if they were to be granted.

Treasurer David Allen told Council he expects to produce a balanced budget, or one in surplus next year.

However, it is understood that the fighting fund for the Resale Price Maintenance court case, which starts in October, coupled with potential shortfalls on the publications front, particularly relating to sales and publishing dates for Martindale, will impact significantly on the Society's budget.

Privy Council nominee Terri Banks saw no reason to say that the Society was in financial disarray. And Linda Stone said that the Council has behaved as well as any public organisation.

"We have moved forward and updated appropriately," she said. "We are going through a budgetary process, which is very important prior to discussing everything in a public way. Any suggestion that our finances are in disarray at the moment is wrong."

Dr Applebe was "perturbed" at the state of the financial resources. "We seem to be hell-bent on doing things we cannot afford," he said, adding that he was "amazed" that a large amount of money was to be given to resource management. After all, the Society "went through trauma last year about probity and transparency".

Asked by vice-president Marshall Davies if the finances should be discussed in public session, Dr Evans declined, but said: "The financial rectitude of the budgetary affairs has to be exposed in public. We are planning very considerable expenditure next year."

Other Council members pointed out that the Resource Management committee had been empowered by Council to look at the finances. What was to be discussed in the following closed session were interim papers, so it would be inappropriate to comment on them at this stage.

Mrs Banks reminded Council that her report on the 'Ways of Working' had

proposed that a paper be brought to Council setting out the choices for the year ahead, the things that were needed and what the Society ought to do. "We have never had that paper brought to us since the 'Ways of Working' [was introduced]," she said.

Alan Nathan warned that the debate was not the sort of thing to banter about in open business for reporting. "I do take exception as it also reflects on our former treasurer," he said. But he pointed out: "Our income has fallen slightly behind what we expected at this stage of the year, for reasons which have been explained and are reasonable, and we are taking measures to correct this."

He warned that next year's budget has a wish list of objectives, but there was also the issue of funding for the RPM battle - the basis of closed business item 18 which had not been clarified earlier in the proceedings.

The RPM issue was later discussed in confidential session. The Council agreed that the Society should provide additional funding to help the Community Pharmacy Action Group meet the legal costs of the campaign to retain RPM on medicines in the public benefit. Council also noted that other major contributors to CPAG had already pledged additional financial contributions to support the high costs of fighting the court case which is due to start on October 2.



Mackie: 'I would support Dr Evans'



Applebe: plans will 'decimate' reserves

A 30 per cent success rate for smoking cessation clinic

A community pharmacist-led scheme to provide a smoking cessation clinic for patients with chronic obstructive pulmonary disease (COPD) has been so successful it is to be extended.

Pembrokeshire local health group (the equivalent of primary care groups) is to make £8,200 available over 12 months for the extension of the scheme to four more practices.

The original clinic was the idea of Don Wilkes, a community pharmacist in Milford Haven and a member of the Pembrokeshire Pharmacy Forum, and has been running for seven months.

Under the scheme, an initial review of the patient is carried out by the GP and pharmacist to assess any potential problems with smoking cessation.

The practice nurse is funded to carry out spirometry tests on all participants in the clinic. These are done before smoking cessation is attempted and at six and 12 months after smoking cessation. Funding is also included to offer patients two weeks of nicotine replacement therapy (NRT) at half-price, if appropriate.

To date, of 13 patients seen, four have stopped smoking, a success rate

of 30 per cent, with the longest cessation time so far seven months.

"In many ways, smoking cessation for patients with COPD may seem like closing the stable door after the horse has bolted, but this is one way in which this group of patients can slow the decline in their lung function and to a certain degree improve their quality of life," said Mr Wilkes.

Chris Martin, vice-chairman of Pembrokeshire LHG, said the funding would cover payments to pharmacists running smoking cessation clinics in the practice and their administration costs.

Patient protocols operating

Legislation allowing health professionals to supply medicines under patient group directions (PGD) or 'group protocols' has come into effect.

As of August 9, named health professionals, including pharmacists may sell, supply or administer a named medicine within a specific written instruction in an identified clinical situation. The PGD applies to groups of patients who may not be individually identified beforehand.

NHS Executive guidance to be issued as a Health Service Circular says that the PGD should be drawn up locally by a multi-disciplinary team and signed by a senior doctor and senior pharmacist, normally involved in the PGD's development. It should be approved by an appropriate health-care body, such as the health authority. The PGD should be reviewed on a regular basis.

The legislation reflects the recommendations of the Crown report on prescribing and the NHSE endorses the view that the majority of clinical care should remain on an individual, patient-specific basis.

There is a special exemption for persons lawfully conducting a retail pharmacy business to supply or administer POMs under a PGD. This endorses the practice in Manchester and Lambeth Health Action Zones where emergency hormonal contraception is supplied by pharmacists without prescription.

The guidance says that medicines should not normally be supplied on a PGD outside their market authorisation or if they are a 'black triangle'.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in July:

- spasticity (1169)
- nutrition (1170)
- oral contraception (1171).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply).

Internet users can catch up by accessing the datpharmacy site (<http://www.datpharmacy.com>). The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.



drug, although there may be some exceptions. Care should be taken with antimicrobials in light of concerns over resistance; controlled drugs will be reviewed by the Home Office.

Although it would go against the guidance for a GP and pharmacist to draw up alone a PGD for a pharmacy, a PGD could be signed off by the HA if both health professionals were held in high regard, said a DoH spokesman.

The classes of people who make supplies under PGDs are:

- pharmacists ● health visitors
- midwives ● registered nurses

- ophthalmic opticians
- chiropodists ● orthoptists
- physiotherapists ● radiographers

The changes are set out in three Statutory Instruments: *The Prescription Only Medicines (Human Use) Amendment Order 2000* (£2.50 ISBN 0-11-099611-9); *The Medicines (Sale or Supply) (Miscellaneous Provisions) Amendment (No. 2) Regulations 2000* (£1.50 ISBN 0-11-099610-0); *The Medicines (Pharmacy and General Sale - Exemption) Amendment Order 2000* (£2 ISBN 0-11-099612-7).

The full particulars that should be included in a PGD for supply of a P or GSL medicine are:

- a) the period during which the Direction shall have effect
 - b) the description of class of medicinal product to which the direction relates
 - c) the clinical situations which medicinal products of that description or class may be used to treat
 - d) whether there are any restrictions on the quantity of medicinal product that may be supplied on any one occasion and, if so, what
 - e) the clinical criteria under which a person will be eligible for treatment
 - f) whether any class of person is excluded from treatment, and, if so, whom
 - g) whether there are circumstances in which further advice should be sought from a doctor or dentist, and, if so, what
 - h) the pharmaceutical form(s) in which medicinal products of that class are to be administered
 - i) the strength, or maximum strength, at which the medicinal products are to be administered
 - j) the applicable dosage or maximum dosage
 - k) the route of administration
 - l) the frequency of administration
 - m) any minimum or maximum period of administration
 - n) whether there are any relevant warnings to note and, if so, what
 - a) whether there is any follow-up action to be taken and, if so, in what circumstances
 - p) arrangements for referral for medical advice
 - q) details of records to be kept of supplies of products under the PGD.
- For the supply of a POM, the list is amended slightly:
- the clinical situations which prescription only medicines of that description or class may be used to treat
 - details of the records to be kept of the supply, or the administration, of medicines under the direction

Terbinafine gets P medicine indications

Changes to the Prescription Only Medicines list now allow terbinafine to be sold as a Pharmacy medicine in certain circumstances. The amendment order also allows an increase in the strength of topical ibuprofen available as a P medicine.

With effect from August 9, terbinafine may be sold as a P medicine if it is in a topical preparation of 1.0 per cent and intended for external use for the treatment of tinea pedis or tinea cruris. The container or package must not contain more than 15g of medicinal product.

For ibuprofen, the strength of topical preparations for external use that may be sold as a P medicine increases to 10 per cent, providing it has a maximum dose of 125mg and a maximum

daily dose of 500mg. Although the current regulations allow the container to contain not more than 100g of medicinal product, it is understood that this is an error in the regulations and the maximum pack size will be reduced in a subsequent amendment.

The changes are set out in *The Prescription Only Medicines (Human Use) Amendment Order 2000* (£2.50 ISBN 0-11-099611-9) and adds the following drugs to the POM order:

Acamprosate; aceclofenac; alendronate sodium; anastrozole; didanosine; efomoterol fumarate; imidapril hydrochloride; mirtazapine; moxonidine; omeprazole magnesium; ranitidine bismuth citrate; rimexolone; sertraline hydrochloride; sevoflurane; tazarotene; and topiramate.

Drug recall

APS/Berk is recalling four batches of its quinine bisulphate 300mg tablets 28s because packs are overprinted with the wrong expiry date. Affected batches are: 9L12UB expiry September 2002; and 9X16UB, 9X17UB and 9X18UB, all expiry December 2002. The class 3 drug alert was issued on August 7. Further details are available from APS Ltd on 0800 590502 or 0800 526989.

On-line skin condition study

The Skin Care Campaign is promoting an internet-based study assessing the effect of skin diseases on patients' quality of life. It hopes to boost the number of UK participants in the long-term on-line survey set up by the University of Heidelberg two years ago. Patients are directed via the SCC on-line directory at www.skincarecampaign.org which contains illustrations of over 30 skin conditions.

FIP congress hits 60

Pharmacists are reminded that the 60th International Congress of the International Pharmaceutical Federation (FIP) takes place in Vienna later this month. Further details of the Pharmacy World Congress 2000, held between August 26-31, are given at www.fip.nl/vienna2000. Otherwise contact the FIP Congress Secretariat at FIP Congresses and Conferences, PO Box 84200, NL-2508 AE, The Hague, The Netherlands. Tel + (31) 70 302 1982.

BPC ecumenical service

The British Pharmaceutical Conference ecumenical service will take place at 5.30pm on September 10 in Hall 7 at the International Convention Centre, Birmingham. The Rector of Birmingham will give the address and there will be contributions from Father Tony Joyce and Major Julia Johnson and readings by president Christine Glover and science chairman Prof Martyn Davies. All are welcome to attend.

Vet data sheets compendium

The 2000-2001 edition of the NOAH Compendium of Data Sheets for Veterinary Products is now available. For the first time, the list of products by therapeutic indication is fully indexed, says the National Office of Animal Health. Free copies will be sent to vets and members of the RPSGB Veterinary Group. Other pharmacists may purchase copies, priced £23 (UK) and £27 (overseas) from NOAH. Tel: 020 8367 3131. Fax 020 8363 1155.

Tributes to editor

The editor of the *Pharmaceutical Journal*, Doug Simpson, was praised for his contribution to the job at the last meeting of Council before he retires on September 1. Council members used the opportunity to ask that editorial freedom at the *Journal* be retained.

Following Christine Glover's announcement, Andrew Burr praised Mr Simpson for being firm on the independence of the magazine, something that was very important for the membership.

Sid Dajani sought assurance that if there were to be any changes to the position, then they will be ratified by Council before any contract is signed.

Secretary and registrar Ann Lewis gave the assurance that no changes are made that Council does not agree to.

Hemant Patel said that the editorship had been very well served. However, he wanted his concerns more widely known that he thinks the position may be demoted.

The president reminded Mr Patel that he is part of the working group looking at any potential revision of job descriptions. However, Mr Patel predicted that the editor would be accountable to the publishing director. He should remain accountable to Council, he said. At present, the editor is at director level.

Kirit Patel warned that the *PJ* must not be perceived as the mouthpiece of the Society. It has a responsibility to the membership and it is important to maintain the editorial integrity.

Marshall Davies urged Council to wait until a discussion paper is prepared, including the views of Mr Simpson on the future role of the editor. The position is to be debated further at the October Council meeting.

Society to consult on election canvassing

The Royal Pharmaceutical Society is to consult members on how candidates for the Council elections may canvass.

The move follows a Branch Representatives' motion requesting Council to reconsider the restrictions on canvassing and calling for canvassing by internet to be permitted. Secretary and registrar Ann Lewis said that comments would be invited from all those with an interest so that a paper could be drawn up to discuss the matter.

Dr Nicola Gray warned that the current view is that canvassing is 'bad', when it is "brilliant" for the members as it allows them to learn more about the candidates. However, she thought that the use of the internet should be seen in the totality of the other possible methods.

Linda Stone warned that the "phenomenal" time constraints in responding to questions under the current system were making it iniquitous.

Council attendance The Society is to clarify records of Council members' attendance at Council meetings. Patricia Hoare was concerned that member numbers may fall in later sessions on Wednesday afternoon, and would not be present at important votes.

Professor Bill Dawson agreed: "There have been times on a Wednesday afternoon with only a third of Council members here and that is not appropriate."

Pharmacy Workforce Planning Group The Group held its final meeting on June

29. Its proposals for a definitive advisory group will be discussed at the October meeting of Council, with a final decision being made at the December meeting to allow the Group to begin work in January 2001.

Expenses A byelaw change has been proposed allowing a limit to be determined by Council for all expenses listed in Section VII, paragraph 3, including reimbursement for locum expenses if agreed by Privy Council.

Qualifications A byelaw change proposing that further amendments to byelaws be made allowing the minor changes to be made, if the need for them emerges, without the need for further consideration by Council. Changes could be made by the Privy Council or the Society's Council.

Infringements committee The Society's Infringements Committee has taken the unusual step of naming a member who is to be referred to the Statutory Committee. Rodney Ledward, a consultant obstetrician and gynaecologist who is also registered with the RPSGB, had had his name removed from the medical register. The Infringements Committee found that although the GMC inquiry dealt with his medical

practice, some of that inquiry's findings were relevant to his status as a pharmacist.

Pharmacy practice research The Society is to proceed with a proposed pharmacy practice research project, subject to joint funding by the DoH. The study aims to estimate the total costs associated with patients' failure to comply with treatment in type 2 diabetes.

Pharmacist prescribing A task force on pharmacist prescribing is to be set up. It will aim to establish policies on the roles pharmacists can play in medication therapy in relation to the NHS Plan for England. A group will look at opportunities for pharmacists in the supply of medicines within patient group directives.

Pre-registration exam A High Court judge has found in the Society's favour that it has a right to set as three the maximum number of times a pre-registration student may sit the qualifying exam.

Synergy award Joyce Kearney is to be the first recipient of the Synergy Award. The award is to be made annually to a non-pharmacist who has made an outstanding contribution to the pharmacy profession.

Course accreditation lost

The pharmacy course at Liverpool John Moores University (JMU) has failed to be re-accredited by the Royal Pharmaceutical Society.

Students about to join the MPharm course in September are being advised that their course is not currently accredited and that they may face further exams at the end of the degree before being allowed to qualify as a pharmacist.

Students already on the degree course are not directly affected as they started their studies when the course was fully accredited.

On Monday, both the University and the Society said that discussions are ongoing, with the Society adding that it hoped to resolve the situation as quickly as possible.

Accreditation at the Schools of Pharmacy is carried out on a five-yearly basis. It is understood that the

course has raised concerns for some time with the Society having asked the University to address the problem.

A Society statement issued on its internet site says that the University had a two-day visit by the Society's expert representatives for its re-accreditation in the academic year 1999-2000. "As is not unusual [in any inspection], concerns arose about aspects of the degree course and those were communicated to the University. They have since been the subject of discussion and correspondence but have not yet been resolved."

JMU said that it is actively pursuing accreditation. Vice-chancellor Professor Peter Toyne said: "It is my genuine belief that accreditation will be achieved and whilst we are notifying, informally, all applying students of the situation, I do not think that any student should be unduly concerned."

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NHS Direct criticised as inconsistent

NHS Direct has been criticised by *Heath Which?* for giving inconsistent advice.

The *Heath Which?* conclusion was based on the findings of three researchers who each made ten calls to the helpline. Each call was made from a different part of England to a cross-section of sites using the three different computer systems.

When a caller posed as a man requesting a repeat prescription for a glyceryl trinitrate spray, nurses and call handlers did not always explore the

reasons behind his more frequent use of the spray.

A woman complaining of stomach pain while taking diclofenac tablets was not advised to discontinue treatment in seven occasions out of ten. But eight out of the ten nurses responding did mention that stomach problems are often a side effect with this drug.

The report did say responses to one of its callers were "good and in some cases excellent". This related to a caller asking about her five-year-old daughter's sickness, diarrhoea and stomach pain.

Part of the Plan...?

The NHS Plan was launched with great fanfare at the end of July. So what does it say about pharmacy? There are nine mentions of pharmacists in the document and one of pharmacy technicians. Of those nine, seven were specifically community pharmacy and two covered community, hospital and any other pharmacists working within the NHS.

Not a single mention of hospital pharmacy. Does it exist? Will it be replaced by nurses with extended roles? It is extremely disappointing that pharmacists will be involved in authorising Patient Group Directions and yet there is no mention of them being able to prescribe. Are we included under the phrase "Other key groups of staff including therapists, scientists and health visitors will develop their professional roles"?

"With 7,000 new beds, an increase in pharmacy staff is required"

There is plenty of evidence from the US that proves that as more pharmacists are employed, patient death rates fall. So we must be doing something right.

At the moment, all we can do is hope that pharmacists and pharmacy staff are included in the 6,500 more therapists and health professionals to be employed. With 7,000 new beds and 100 new hospitals promised, an increase in pharmacy staff is required to provide a service to them.

There are some good points, however. Proposals to improve the pay of NHS staff are welcome. No doubt the Guild of Healthcare Pharmacists will be trying to ensure that the proposed Market Forces Supplement can be applied to staff groups where there are major recruitment and retention issues. Increased training and development funding is also to be applauded, although it would help if the Department of Health agreed to include study leave provision in the next round of pay discussions. This issue has been part of the pay claim for several years now.

Cautious responses to the plan from some community pharmacy organisations imply that they are not altogether convinced by the arguments posed. I think it will take more than fine words or a glossy document to convince most NHS practitioners that the Government can recognise the contribution pharmacy can make.

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

It's still 'wait and see' on the NHS Plan

Thousands of words of wisdom have now been written - including my own humble contribution - on the impact of the NHS Plan on the future of community pharmacy. However, it seems that we will have to wait until the British Pharmaceutical Conference in September when the Health Minister, Lord Hunt, is expected to put some flesh on the bones.

Whatever the outcome, it is generally agreed that community pharmacy could soon see some really positive and progressive change. However, amidst the euphoria of anticipation there is one potential small cloud of dissent.

It is right and proper that community pharmacies will rapidly become integrated into the national referral protocols for NHS Direct, but what is all this nonsense about ordering prescriptions through NHS Direct and delivering them to the patient's door?

I thought that telephone diagnosis and therapeutic recommendation was firmly outside the terms of reference of NHS Direct. Triaging the problem and then suggesting the appropriate referral route is fine but the NHS Plan seems to be suggesting that prescribing can be appropriately conducted through a telephone consultation.

The prescription will be dispensed after, I assume, being electronically transmitted to the pharmacy, and then delivered (by whom?) direct to the patient without them having ever seen either doctor or pharmacist!

I hope that I have totally misunderstood the meaning of this proposed extension to the role of NHS Direct, but I await with interest Lord Hunt's explanation of its impact.

The merry go round of drug pricing continues

Manipulating drug prices - strictly within the rules, of course - has seen some parts of the pharmaceutical industry make some healthy profits in



the past few years. Despite government attempts to close off various loopholes the practice shows no sign of dying out, as a recent example seems to prove.

Goldshield has recently announced the launch of a new generic product, phenindione tablets. This line is replacing the branded Dindevan. I have no reason to believe that the generic phenindione is in any way different to Dindevan. So why, when as far as I am aware there is no alternative to phenindione, go to the expense of this change of name?

Perhaps the answer lies in the price, because the generic phenindione has been priced at double that of the now discontinued Dindevan. I am unsure of the finer complexities of the Pharmaceutical Price Regulation Scheme, but I can only assume that the change to generic from the branded product allows for this doubling of price without penalty.

Goldshield may have other reasons for discontinuing Dindevan, but I suspect the company will not be the only one seeking to benchmark a generic price at a time when reference pricing for generics is being introduced into the Drug Tariff.

As an example of the way to manipulate the price of minor products outside of the PPRS it sends the wrong message to the Government. But then if the Government does insist on trying to

enforce price controls on what was a free market perhaps this is the price it has to pay?

Am I right about the need to display prices for services?

Recently a franchised mini-lab opened a shop near me and offered one hour developing and printing. I do not have the space to install a mini-lab, so despite my D&P business having suffered as a consequence of this opening, I really cannot grumble on grounds of service competition.

However, price is another matter. The mini-lab shop operates a sliding scale of prices depending on the speed of service and, unless photographs are urgently needed in one hour, the high prices charged should mean that few one-hour requests are made. But since the shop does not clearly publish its prices the customer is none the wiser until they receive the bill.

Many customers have now returned to my shop for my competitive next day processing, but I wonder why it is apparently legal not to display a list of prices. Goods in the shop have to be clearly labelled so the customer may compare prices and not have to ask. I fully support this and feel it should equally be applied to services like D&P

Heroin bug returns

A sometimes fatal infection occurring among drug injectors claimed another victim in Glasgow last week.

Two more cases were reported to the Greater Glasgow Health Board more than a month after the last outbreak (C&D June 24, p6). Of the two women affected last week, one died on Thursday, while the other was said to be stable. This brings the total number of cases in Scotland to 57, of which 48 have involved Greater Glasgow residents. There have been 22 deaths in Scotland, 18 Greater Glasgow residents.

Clostridium noryii is implicated, having been isolated from three Scottish cases. Work in Atlanta, US, and Cardiff, has now identified *C noryii* from 11 Scottish cases. In all cases, the bacterium has been shown to produce a toxin, thought to be the main cause of deaths.

GGHB public health medicine consultant Dr Laurence Gruer was disappointed that two new cases had occurred. "However, in at least one, the heroin had apparently been prepared at least six weeks ago. It is likely that virtually all of the contaminated heroin has now been used up," he said.

Other types of *Clostridium* have been isolated from some patients, strengthening the theory that the outbreak has been caused by heroin contaminated by soil or dirt containing various types of *Clostridium*, said a GGHG spokeswoman.

Homoeopathic help for homeless

A nationwide initiative to improve the health of homeless people with homoeopathic medicines has been launched.

Thousands of self-medication kits, or 'Medipacs', have been delivered to hostels in London and the regions in an attempt to give homeless people access to first aid and sun protection in the summer months.

"Homeopathy offers an ideal way of providing homeless people with the medical help they need," said Dr Eden, a GP who works with homeless people.

"With the availability of these Medipacs we can reduce these problems for the homeless and consequently hospital admission, and even mortality."



Pictured from left are: Dr Mike Newman of the Passage Day Centre in London, Nelsons chairman Robert Wilson and Dr Jules Eden, an inner city GP who works with the homeless

Manchester EHC scheme launches media campaign

The Manchester emergency hormonal contraception scheme, available through pharmacies, has launched its campaign to highlight availability.

Posters advertising the service will be on display at pharmacies, GP surgeries, libraries and clinics, as well as being put up in places such as toilets in nightclubs. A new logo, featuring a pill, will go on display in pharmacies able to provide EHC under patient group directive.

The campaign aims to alert women, particularly the young, that EHC is available free through pharmacies, and pharmacists are able to give confidential advice.

A safe sex message is also promoted and an 'emergency crew' of ten people will be promoting the scheme actively.

Up to the end of July, 3,233 women had accessed the scheme, said Melanie Ogden, pharmaceutical advisor for Manchester Health Authority. Of these, about 29 per cent are women aged 19 or under. There had been some questions of legality about the scheme but the changes to the law coming into effect on August 9 now clarify the situation on patient group directives.

There has been a slight decrease in frequency of use. Ms Ogden suggested

that this could be due to one of the 54 participating pharmacies being on the University campus and students are on their summer holidays. There is also anecdotal evidence that women who have used the service once but need EHC again are now consulting their doctor for a prescription.

Asked about the possible picketing campaign in Scotland of pharmacies who supply EHC, Ms Ogden said they did not anticipate problems in the Manchester area. The Manchester awareness campaign is promoted in part as something that may prevent a termination, she said.

Precious Life threaten protests outside Scottish pharmacies

Community pharmacists may face demonstrations outside their premises if the morning-after pill is made available to girls under the age of 16 in their shops.

A pro-life group, Precious Life Scotland, has said it will mount protests outside community pharmacies if there is such a move.

Jim Dowson, a spokesman for the group, said that it believed the protests could have serious impact on community pharmacies' business.

"We will make sure that local people in the community know about who is dispensing the morning-after pill and we are sure this could seriously affect their business," said Mr Dowson.

But a spokeswoman for the Scottish Health Department said that there were no plans at present to make the pill available to girls under the age of 16.

"We are awaiting the decision of the Health Department in England on

making the morning-after pill available over the counter and we will make our decision after that," said the spokeswoman.

Bob Cudderley, spokesman for the Scottish National Federation, said that it was aware of the pro-life group's comments and that the whole issue of availability of the morning-after pill was a matter for the RPSGB.

"Anything that affected the welfare of our members would obviously be of concern to us," said Mr Cudderley.

Country living is bad for your health

A lack of community pharmacies in rural areas may be damaging the health of many people who live there, according to a report.

David Evans, pharmaceutical adviser to Suffolk Health Authority, expressed his concerns about a lack of rural community pharmacies in the director of public health's annual report.

In a study of all PCG areas in the region, he found that there were 14.4 pharmacies per 100,000 people, compared with a national average of 19.

But in the Bury St Edmunds area there were only 9.5 pharmacies per 100,000 and only 10.4 for patients in central Suffolk.

"We looked at prescribing of OTC medicines across all practices and we found that the practices with the highest number of dispensing patients had the lowest OTC prescribing," said Mr Evans. "We are concerned that people may rely on self-medication for longer and put off going to the GP in cases where the problem could be more serious."

Repeat prescribing review by return

A medicines amnesty by a primary care group is to be used to review repeat prescribing in its practices.

Coventry PCG has run a high profile campaign, with advertisements in the local press and posters in surgery waiting rooms, asking people to return unused medicines to their local pharmacies.

Around 470 forms were distributed to pharmacists in the area, asking them to record the quantity of medicines returned and the name of the person returning them.

Peter Hodder, general manager of Coventry West PCG, said that the information would then be given to the appropriate GP who would then review the patient's medication.

"We are facing pressures on our prescribing budget in Coventry and we have estimated that around £440,000 of drugs a year are prescribed and not used," said Mr Hodder.

"By coincidence, this is the same amount which we calculate will be spent on prescribing Zyban, the new smoking cessation product, in the next year. Many people may not realise that by not using medicines they are taking away money from other areas of the NHS."

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E45 kids just get on with it

E45 Cream is clinically proven to significantly improve dryness, cracking and redness in chronic hand eczema.¹

In fact, it's as effective as a greasier, high-fat cream.²

And when used in combination with E45 Wash and Bath, E45 Cream optimises skin rehydration.^{3,4}

Just as importantly, E45 is a cosmetically acceptable range that encourages good compliance.^{4,5}

Which is why kids with eczema get on so well with E45.



At ease with eczema

E45 E45 CREAM PRESCRIBING INFORMATION White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w. Uses For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped lips, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry areas of psoriasis. Dosage and Administration: Adults and children: Apply to the affected area two or three times daily. Contra-indications, Warnings etc E45 Cream should not be used by patients who are sensitive to any of the ingredients. Package Quantities Tubes

containing 50g. Tubs containing 125g and also 500g. Basic NHS cost 50g £1.18, 125g £2.39, 500g £5.61. Legal Category GSL. Product Licence Number PL0327R/5904. Product Licence Holder Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation August 1998. References: 1. Rycroft R. *J Dermatol Treat* 1997; 8 (1): S23-S24. 2. Brown G, Largey PM. Poster presented at the World Congress of Dermatology 1997, Sydney, Australia, 15-20 June 1997. 3. Blaszczyk-Kostanecka M, Prystupa K, Shaukat N. Poster presented at EADV, Nice, 1998. 4. Cork MJ. *J Dermatol Treat* 1997;8:57-513. 5. Data on file, Crookes Healthcare (EST980711).

Medical matters



Research into tobacco

Last week's *British Medical Journal* was based on the theme of tobacco and health, and was prepared for this week's world conference on tobacco and health. These are a selection of research papers from that issue

Never too late to stop

Smokers who quit, even well into middle age, avoid most of the subsequent risk of lung cancer; and stopping before middle age avoids more than 90 per cent of the risk attributable to tobacco.

This study has related national

IN BRIEF

Neo-cortef out until 2001

Neo-cortef eye/ear drops and ointment are likely to be out of stock until spring 2001 due to problems sourcing raw material.

Damian Pharma Ltd.
Tel: 01428 661078.

Genotropin pens to change to mg

Genotropin pens are to be changed from International Unit (IU) measurements to milligrams. The 16 IU pen will become 5.3mg and the 36IU will be a 12mg device. The new pens will be phased in from September. Existing cartridges will still be suitable for the new pens.

Pharmacia & Upjohn.
Tel: 01908 661101.

Info leaflet for the depressed

Depression Alliance is launching 'Together we'll beat the blues', a guide for people with depression on how to get the most from their GP. It also gives information on drug treatments and self-management. Copies are available on 020 7633 0557.

Shire acquires Colazide

Shire Pharmaceuticals has acquired the marketing authorisation for Colazide from AstraZeneca. Colazide is also no longer subject to the Special Reporting Directive (Black Triangle Status).

Shire Pharmaceuticals Ltd.
Tel: 01264 333455.

trends in smoking, smoking cessation and lung cancer since 1950 to the results from two large case-control studies centred around 1950 and 1990. It looked at hospital patients under 75 years old with and without lung cancer in 1950 and 1990. In 1990 a matched sample of the local population was also used. There were 1,465 case-control pairs in the 1950 study, and 982 cases plus 3,185 controls in 1990.

Smoking prevalence among men in early middle age halved between 1950 and 1990. But the death rate from lung cancer at ages 35-54 fell even more sharply, indicating some reduction in risk among continuing smokers.

In contrast, women and older men who were still smokers in 1990 were more likely than those in 1950 to have been persistent smokers throughout their adult life and so had higher rates of lung cancer than smokers in 1950. The cumulative risk of death from lung cancer by age 75 (in the absence of other causes of death) rose from 6-16 per cent between 1950 and 1990 in male smokers, and from 1-10 per cent in female smokers.

Among men and women in 1990, former smokers had only a fraction of the lung cancer rate of continuing smokers. By 1990 cessation had almost halved the number of lung cancers that would have been expected if former smokers had continued. For men who stopped at the ages of 30, 40, 50 and 60, the cumulative risks of lung cancer by age 75 were 2, 3, 6 and 10 per cent, respectively.

Nicotine inhaler effective in smoking cessation

An oral nicotine inhaler has been shown to be 17 per cent more effective than placebo at aiding smoking cessation over a four month period.

A double blind, randomised, placebo controlled trial of 400 smokers found that those who used active inhalers

were still 6.5 per cent more successful at cutting back after two years. The healthy volunteers all smoked 15 or more cigarettes a day, had smoked regularly for three or more years, and failed in at least one serious quit attempt within the past year.

Participants were given either a Nicorette Inhaler or placebo, information about the effects of smoking, and asked to reduce smoking as much as possible, with a suggested initial reduction of 50 per cent. Each Nicorette Inhaler cartridge contained 10mg nicotine, the same as the UK product (Nicorette Inhalator). Both groups were allowed to use the inhalers as needed, with a recommended use of between six and 12 cartridges over 24 hours. Participants were encouraged to decrease inhaler use after four months but were allowed to continue treatment for 18 of the 24 months in the study.

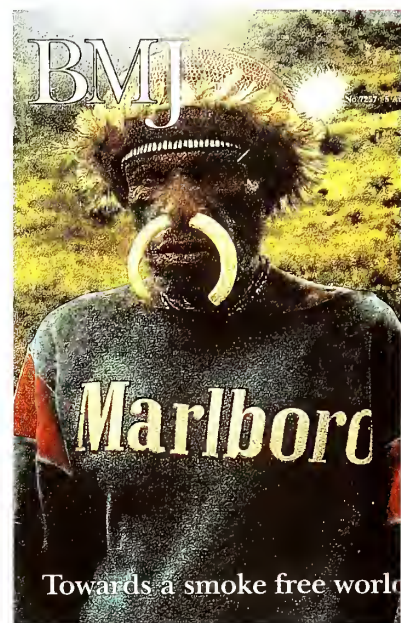
Success was defined as a reduction in the number of cigarettes smoked of at least half compared with baseline from week six to month four. At four months, sustained reduction of smoking was achieved in 26 per cent of the active group and 9 per cent of the placebo. Corresponding figures after two years were 9.5 per cent and 3 per cent.

Passive smoking in children cut by half

Exposure to passive smoking among children in England has roughly halved since the late 1980s.

This reduction is partly explained by the decreasing numbers of parents who smoke and is also likely to reflect a decline in smoking in public places. But there is only limited evidence that children from smoking households have experienced a reduction in exposure through parents' avoidance if smoking in their presence.

The findings come from cross sectional surveys of secondary school children between 1988 and 1998.



The *British Medical Journal*, volume 321, August 5. The cover is a photograph of a tribal inhabitant of Irian Jaya in Indonesia

Why smoking is declining in Mauritius

A large reduction in smoking among people in Mauritius has been attributed to the introduction of cigarette taxes, a health promotion campaign, and the lack of a large advertising campaign by the local tobacco company.

Self reported smoking has been declining in Mauritius since 1987. Between 1987 and 1998 smoking prevalence decreased by 23 per cent in men and 61 per cent in women. Smoking declined across all income age and ethnic groups, and across different levels of income and education.

The results came from three population based surveys undertaken in 1987, 1992 and 1998, which all received between 5,000 and 7,000 responses.

Smoking's decline in Mauritius was attributed to high levels of excise duty on cigarettes, the introduction of health warnings on packs, restrictions on smoking in public places, and a ban on tobacco advertising for sports events and social events for minors. A government health promotion campaign is also thought to have been important.

Counterpoints

IN BRIEF

Legends from Lynx

Elido Fabergé is supporting the latest Lynx variant, Phoenix, with a chance to win a fabulous night out – in Ibiza. The Phoenix Legends Special Edition body spray con features on on-pock competition to win tickets to an all-night music and dance event on September 16 featuring acts including Leftfield, Groove Armada, Groce Jones and Chako Khon. Entrants call a hotline or enter via the web site www.phoenixlegends.com

Elido Fabergé.

Tel: 020 8481 6000.

Tiger in the sky

Tiger Bolm is an official sponsor of the 21st annual Tiger Moth Rally at Woburn Abbey on August 20. This is the fifth time that Tiger Bolm has sponsored the show and is offering a trophy for the winner of the Tiger Bolm Freestyle Aerobatics competition for the most entertaining four-minute freestyle flying sequence.

SSL International plc.

Tel: 0161 654 3000.

Cream of Revlon's crop

Revlon's new Deluxe Cream Lipcolor (£7.95) is described as "a new generation of luxury, moisturising lipcolor". The rich colour surrounds a non-coloured core containing vitamins A, C and E; the formula also contains a hint of menthol for moisturising and cooling, soy extract to moisturise and has an SPF of 15. It is available in ten colours.

Revlon International Corp.

Tel: 020 7629 7400.

Konica on show

Konica is introducing new 35mm, digital and APS cameras at the German photographic exhibition, Photokina, next month. The company also promises further advances to its QD-21 digital minilab.

Konica UK.

Tel: 020 8751 6121.

In the shower

Research from Taylor Nelson Sofres revealed a significant growth in sales of shower products as 67 per cent of us take a shower at least once a week. This compares with around 85 per cent in Spain, Germany and Italy and 89 per cent in France.

Taylor Nelson Sofres.

Tel: 020 8967 4787.

Vernon Carus aims to wipe up facial market

Vernon Carus has launched Cool'n Fresh facial cleansing wipes.

The company believes the product is the first pop-up facial

cleansing wipe launched in pharmacy.

Made from extra soft but strong spun lace, the wipes are moist and lightly fragranced offering cleansing, toning and moisturising in one step. Alcohol-free and dermatologically tested, they will remove make-up, including waterproof mascara, from



the face, neck and eyes without damaging delicate skin around the eyes.

Cool'n Fresh wipes are in resealable packs (£2.49) and reusable boxes (£3.25), each containing 25 wipes.

Vernon-Carus Ltd.

Tel: 01772 744493.

Brushtox cleaner hits TV big time

Brushtox, the antiseptic toothbrush cleaner, is being advertised on TV next month.

The 30-second advert, which airs in the Carlton TV region and on GMTV for a week, has been produced under Carlton's Business Breaks scheme. The scheme, in association with the Prince's Trust, offers air time and help with production to companies which would not otherwise be able

to afford TV exposure.

Clinical trials of Brushtox are nearing completing at the University of Birmingham Dental School and the results should be published at around the same time as the TV ads break.

Brushtox is available from wholesalers AAI and Enterprise and from Ceuta Healthcare.

Dentox Ltd.

Tel: 01926 651348.

How to Pamper those sensitive souls

Procter & Gamble is launching Pampers Sensitive Nappies and Wipes for babies with sensitive skin.

Both are unscented and clinically proven to help prevent and treat nappy rash.

Pampers Sensitive Nappies combine breathability with a built-in anti-irritant cream containing zinc oxide and petrolatum. The wipes contain a new lotion which transfers a thin, breathable layer of protection to the skin. They are gentle enough to be used on newborns and babies with conditions such as eczema.

The launch is being supported by trade and consumer activity including

direct mail, TV advertising, PR and sampling campaigns.

Pampers Sensitive Nappies are in sizes 2-5 in carry packs containing 24-36 nappies. Value packs will be available in sizes 3-5 with 42-56 nappies per pack. Sensitive Wipes are in single, double and four-packs of 65 wipes.

● Till receipts for the new products can be given to local nurseries to be exchanged for free Fisher-Price toys. The scheme, Pampers Flowering Tots, runs until May next year.

Procter & Gamble UK.

Tel: 01932 896000.

Calcium kit for pharmacists

Whitehall Laboratories, maker of the bone health supplement Caltrate Plus, has produced a new kit for pharmacies.

It contains a counter display unit, information on osteoporosis and a tape which includes an interview with the sufferer. Also in the kit is a questionnaire which pharmacy assistants fill out with customers who may be at risk.

Assistants are encouraged to complete as many questionnaires as possible and enter them in a competition. The one who completes the largest number wins beauty salon treatments worth £75. Second and third prizes are worth £50 and £25.

Whitehall Laboratories Ltd.

Tel: 01628 669011.



Travel packs for lens wearers

Contact lens specialist Bausch & Lomb has added ReNu and Elite RGP Travel Packs for contact lens wearers to its range. The ReNu pack (£4.75) includes a contact lens case and a two-week supply of solution working as a daily cleaner, disinfectant, lubricant and rinsing and storing solution for all soft lenses.

The Elite RGP pack (£3.99) includes a two-week supply of conditioning and cleaning solutions and a lens case. ReNu Multiplus (£4.99) and EasySept (£3.30) are already available in travel packs.

Bausch & Lomb.

Tel: 020 8781 2900.



Be Retail Effective With SURE, the Number One Name In Deos

Welcome to the first of two features presented by Sure focusing on maximising the deodorant opportunity in your pharmacy. This month we look at female deos

Local pharmacies face considerable pressure to increase non-pharmaceutical sales. Female deodorants present a growing opportunity for pharmacies to improve performance and profit in this crucial part of their store, by focusing on stocking the leading brands and fragrances. Elida Fabergé, the Personal Care market leader, has wide experience of working with pharmacists to improve their performance.

The Elida Fabergé Personal Care Fact File 2000 shows the Deodorant market growing 2.4 per cent in 1999. In 2000, Elida Fabergé's value share of deodorants and bodysprays together has risen to 54.3 per cent*, with Sure once again out in front as the number 1 brand in value terms, delivering the highest value growth year-on-year in the antiperspirant category.

Growth in the female deodorant sector is still strong, driven by Sure, the launch of the tremendously successful Dove Deodorant which has achieved a 4.3 per cent* share of the market, and Secret.

Sure's new product news during 1999 was the launch of the female

variant, Cool Silk, which is now the fifth leading female antiperspirant aerosol (APA).

APAs remain the strongest and most profitable deodorant sector with 71.9 per cent* value share, worth £248.2m*. Starting from a smaller base are creams, with a 137 per cent* change on last year to £21m*, and sticks, with a 51.6 per cent* increase to £25.3m*. This is due to major innovation and strong promotions in sticks and creams.

Elida Fabergé forecasts that APAs will continue to be the leading applicator type in 2000 with innovation and investment from the main aerosol brands, Sure, Dove and Vaseline – all from Elida Fabergé.

The smaller sectors of creams and sticks are set to grow further, with roll-ons coming under pressure, particularly smaller, unsupported brands, such as Mum, Natrel and Rightguard.

*All data IRI 21 May 2000

Brand News: SURE for Women

Sure for Women has played a key role in growing the UK female deo market over the years through an outstanding track record of innovative product development and memorable commercials that became advertising icons.

In 2000, Sure is bringing further innovation to female deos with the launch of a brand new fragrance for women – SURE Oxygen.

New SURE Oxygen is the fresher

way for your female customers to stay dry. It has a totally cool, feminine fragrance that invigorates with a burst of sparkling oxygen, providing personal air conditioning through incredible dryness protection.

The new SURE Oxygen range includes APA, Big Ball Roll-On, Invisible Stick and Ultra Dry Cream.

Backed by a dedicated campaign, constituting a large part of the SURE master brand's massive £20 million spend, this powerful push puts SURE Oxygen on track to deliver £9.4 million of sales at RSP in its first year.

For stockist information call 0800 591 720

● Next Month: Part 2 - Men's Deodorants



The new SURE Oxygen range

SURE

Non-medicated solution to get rid of corns



A central disc is applied to the corn and held firmly in place by self-adhesive traps. By retaining the natural moisture, the disc forms a gel which cushions the corn and softens the skin, allowing the problem to be removed gently over an average period of 20 days.

Hydrocolloid Corn Care (£2.79) is

New Hydrocolloid Corn Care from Carnation Footcare uses the body's natural moisture to help get rid of corns.

washproof and available in packs of ten corn caps.

Activa Healthcare.
Tel: 01283 540957.

Carnation takes the pressure off

New from Carnation Footcare are Advanced Pressure Relief Insoles and Heel Pads for sufferers of aching, tired feet.

The company says the new products are their most advanced to date. The advanced pressure relief system works in four ways. First, Rapid Cushion Recovery means that on impact the material rebounds to its original thickness in a fraction of a second. Then, the energy generated on impact is evenly distributed across the whole area being protected. Thirdly, the insole design offers antifungal and antibacterial properties. And finally, the microporous material allows moisture to be drawn away from the surface of the skin. The products are washable and guaranteed for six months.

The insoles retail at £3.99 per pair



and heel pads at £2.49 per pair.

Activa Healthcare.
Tel: 01283 540957.

Class I launch from Activa Healthcare

Activa Healthcare, which is now number two in the NHS compression hosiery sector, has launched Class I Below Knee Open-Toe Hosiery, available on FP10 and GP10.

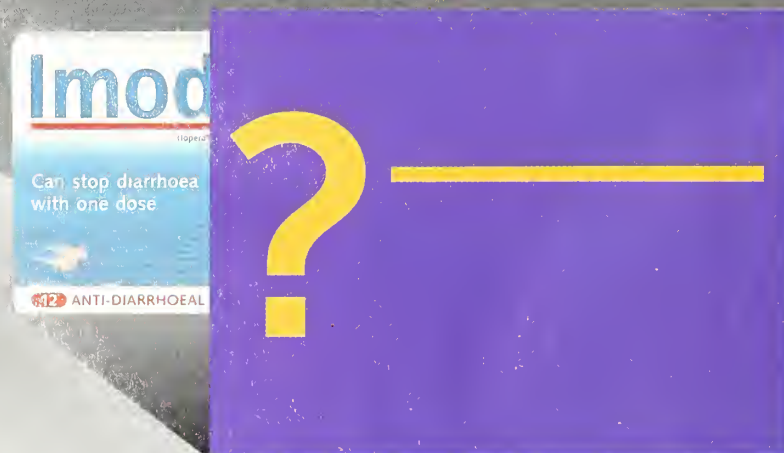
The company says the launch extends the options for healthcare professionals who are looking for

effective, patient acceptable Class I hosiery.

The Tactel and Lycra fibres make the products comfortable and easy to put on and they are available in small, medium, large and extra large sizes.

Activa Healthcare.
Tel: 01283 540957.

What could be better than the best known diarrhoea remedy?



Imodium™ For further information contact the PL holder (see below) **Presentation:** Capsule containing loperamide hydrochloride 2mg. **Indications:** Symptomatic treatment of acute diarrhoea. **Contra-indications:** Hypersensitivity to any component of the product. **Price:** 2 capsules £1.00, 6 capsule GSL £3.15 8 capsules £3.90, 12 capsules £5.15, 18 capsules £6.35. **Legal category:** P (8/12/18 capsules), GSL (2&6 capsules). **PL no.:** 0242/0028. **PL Holder:** Janssen-Cilag Limited, Sanderton, High Wycombe, Bucks HP14 4HJ.

Gaviscon sponsors heartburn and indigestion week

Gaviscon Advance aims to raise consumer awareness with sponsorship of the second National Heartburn and Indigestion Awareness Week in October.

A range of activities, including radio interviews with a gastroenterologist, radio competitions and consumer magazine advertorials, will take place throughout the week from October 9 to 15. Sufferers will be encouraged to visit their pharmacy for advice.

Educational initiatives for pharmacists and their staff will take place in advance of the week.

The week's activities will be

reinforced by a new £2 million TV advertising for Gaviscon Advance.

The new advert focuses on the discomfort caused by heartburn, which is represented by flames rising up the oesophagus. Gaviscon Advance is shown soothing its way down the oesophagus, extinguishing the flames and creating a long-lasting raft on top of the stomach contents to prevent the escape of acid.

Brand manager Adam Rogers said: "This new commercial has been developed to show the symptoms of heartburn and how Gaviscon



Advance can fight the 'fire'."

The TV campaign starts on October 23 and continues until mid-December.

Reckitt Benckiser Healthcare.
Tel: 01482 326151.

Panadol touches the TV pulse points

SmithKline Beecham is supporting Panadol with a £1.7 million TV campaign which starts on Monday and runs on alternate weeks until early October.

The 'pulsed' campaign uses 10 and 30-second advertisements to be seen in all areas except London. It coincides with an on-going communications programme which advises consumers on effective and appropriate pain relief and stresses the suitability of paracetamol as the first choice analgesic for patients worried about possible gastrointestinal side effects.

SmithKline Beecham Consumer Healthcare.

Tel: 020 8560 5151.



Panadol

Coty is exclaiming about its exceptional fragrances award

Coty is supporting its Ex'cla-ma'tion and 'I by Ex'cla-ma'tion fragrances with an award scheme in conjunction with J17 magazine.

The first winner of the Ex'cla-ma'tion Exceptional Awards is

trampolinist Jaime Moore. Jaime, aged 20, is featured in the September issue of J17 and launches the search for next year's winner.

Barbara Down, marketing manager for Coty fragrances, said the awards

would generate interest across the media read by young women who are the target audience for the fragrances.

Coty (UK) Ltd.
Tel: 020 8971 1300.



The best known diarrhoea remedy just got better!

The combined ingredients of Simethicone and Imodium in a convenient chewable tablet offers the most effective Imodium ever. Imodium Plus.

Johnson & Johnson MSD
CONSUMER PHARMACEUTICALS

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Tel: 01494 450778
www.imodium.co.uk

Imodium™ Plus For further information contact the PL holder (see below) **Presentation:** Chewable tablet containing Loperamide Hydrochloride 2mg and Simethicone equivalent to 125mg polydimethylsiloxane. **Indications:** Symptomatic treatment of acute diarrhoea associated with gas related abdominal discomfort. **Contra-indications:** Hypersensitivity to any component of the product. **Price:** 6 tablets £3.45, 12 tablets £5.75 and 18 tablets £7.95. **Legal category:** P. **PL no.:** 13249/0020. **PL Holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks, HP10 9UF

Forbidden Pleasures – at affordable prices

Coty continues its promotional activity for the recently-launched Miss Sporty range with a winter collection entitled Forbidden Pleasures.

The capsule collection uses shades of chocolate, caramel and honey, which the company says look good enough to eat.

Miss Sporty lipstick is formulated to give a smooth satin finish while conditioning dry lips and acting as a barrier against moisture loss. New colours include Sticky Caramel, Charm and Burnt Chocolate and also new is Honey Liquor Lip Gloss.

Eye shadows and glosses come in stackable pots and new for winter are Coffee

Bean and Nomad shadows and Hazel Cream gloss.

New high shine nail colours include Pumpkin Syrup, Toffee Apple and Deep Jungle.

All products retail at less than £2.
Coty UK Ltd.

Tel: 020 8971 1300.

Forbidden
Pleasures



Poli-Grip



Poli-Grip is the leading denture fixative brand and with TV spend in 2000 of over £2 million, demand is set to be high. Give your customers complete choice and stock the whole Poli-Grip range.

STAFFORD-MILLER

Poli-Grip. Stick with the market leader.

Poli-Grip is a registered trademark of Stafford-Miller Ltd.

Miners blows hot and cold for winter

Miners Cosmetics straddles the colour spectrum this autumn and winter with two looks – 'rustic passion' and 'urban chill'.

Essential Lip Colours feature warm, natural classics, burnt berry, mocha and hot pink shades. The products are formulated to moisturise while giving rich, even colour. Megadust and Idol Eyes eye shadows offer loose and pressed powders in shimmering

oxidised shades including bronze and gold sheens as well as frosty sparkles.

Extreme Nail Colour consists of tinted glazes combining rustic and icy shades and, for those with no time to spare, Minute Miracle Quick Dry Nail Colour is in 12 new autumn/winter colours. Lip and eye colours retail at £2.49 and nail colours at £1.99.

Miners International Ltd.

Tel: 02380 460680.

The proof of the pudding ...

Heinz has launched two favourite adult desserts into its Infant Wet Foods range. Banoffee Pie and Lemon Meringue Pie have been formulated for babies from four months and the launch follows the huge success of Strawberry Cheesecake since its introduction last summer.

Leigh Edwards, general sales manager for Farley's and Heinz, said: "By introducing adult favourites into

the infant food market, Heinz has completely changed the way consumers view baby food. Parents can now introduce a variety of complex baby designed flavours ensuring a wide exposure to high quality tastes and textures as their baby develops." Available in 163g jars, the desserts retail at 57p.

HJ Heinz & Co Ltd.

Tel: 020 8573 7757.

TCP's bus spotting

TCP is on the buses this month with an L-shaped advert, which uses a rivet on the side of the bus as an unsightly spot.

The campaign's strapline is 'Spot problem? TCP Liquid Antiseptic for spots, boils and pimples'.

Pfizer Consumer Healthcare.

Tel: 01420 84801.



ON TV NEXT WEEK

Aquafresh toothpaste: All areas except U, CTV

Beconase Allergy: Sat, C5

Benadryl Allergy Relief: All areas

Bodyform: All areas

Colgate Fresh Confidence toothpaste: All areas

Deflatine: All areas

Detrol Liquid: All areas except GTV, B, Y, CTV, W, TT

Gillette Mach3: All areas

Gillette Series Arctic Ice: All areas

Huggies: All areas

Imodium Plus: All areas

Just for Men: All areas

Listerine antiseptic mouthwash: ITV, C4, C5, Sat

Listerine tartar control: All areas

Nytol: GMTV

Panadol: All areas except U, CTV

Poli-Grip: All areas except IWT, GMTV, TSW

Pro Plus: C4, C5

Seabond: All areas

Sensodyne toothpaste: All areas

Solpadeine: U

Zirtek: C, CAR, HTV, GMTV, C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

LEMSIP

New Citrus Flavour + Vitamin C



Original Lemon and Honey Flavour



Introducing another hard working and
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Expect some extra tasty profits this
on with the new great tasting Lemsip
Throat Anti-Bacterial Citrus Fruits
lozenge.

Lemsip's hard working honey and
on flavoured Sore Throat Anti-Bacterial
lozenge has already outsold many

established brands so Lemsip Sore Throat
Lozenges are another must stock line
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And with a new £2m TV spend it all
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Now that's something to smile about.



Hexylresorcinol

Lemsip and the sword and circle symbol are registered trademarks

order stocks now for tasty profits

Rosangela A Attwood and Glenn R Gibson, The University of Reading, look at some of the beneficial effects in GI disorders

Probiotics in prevention

The microbial community inhabiting the human gastro-intestinal tract forms a highly diverse and complex ecosystem. The bacterial population colonising the gut far exceeds the total number of human cells in the body. In fact, it is thought that there are 20 times more microbial cells than mammalian cells in the human body.

The physiology of the GI tract accommodates many different microbial habitats, which are colonised by communities of indigenous and transient micro-organisms. The species diversity and population levels vary throughout the tract in response to diet, physiology and microbial interactions. There is a progressive increase in bacterial numbers and diversity towards more distal regions of the colon.

The stomach has the least favourable environment for long-term bacterial survival, largely because of an acidic pH, which ranges from one to three. The total bacterial count in gastric contents is usually below 10³ per g, and is dominated by facultative anaerobes. Yeasts, such as the *candida* species, have also been isolated from stomach contents of humans but infrequently. It is not clear if such species are transient micro-organisms or if they truly colonise the stomach.

Helicobacter pylori is one important isolate from gastric biopsies. With its specialised physiological features, such as polar flagellae and ammonia secretion, this micro-organism survives in the stomach by invading the mucosal layer and raising the pH in a micro-niche, therefore providing some protection against the acidic environment.

Because of intestinal secretions like bile and pancreatic enzymes, and physicochemical variables, such as pH and redox potential, the small intestine also represents a hostile microbial environment. Bacterial numbers are largely controlled by the rapid transit time of contents and the high dilution rate. Viable bacterial counts are usually fewer than 10⁴ per ml of contents. The dominant genera are gram positive facultative anaerobe and aerotolerant species such as *streptococci*, *staphylococci* and *lactobacilli*.



The GI tract accommodates different microbial habitats

The more distal regions of the small intestine have larger microbial populations (around 10⁶ per ml), particularly of facultative anaerobes and some strict anaerobes. Coliforms are also routinely recovered, as are species of bacteroides, *fusobacterium*, *bifidobacterium* and *clostridium*.

In contrast with other regions of the GI tract, the large intestine is by far the most densely colonised organ in humans. It is an extremely complex microbial ecosystem and the main site of microbial activity. The transit time of materials is greatly reduced, enabling stable complex microbial communities to become established. The human colonic microbiota is composed of well over 500 different species of bacteria, and population levels can reach 1,012 per g of lumen contents.

Microhabitats can be identified

throughout the mucus layer and crypts of the epithelium, providing sheltered habitats for specific micro-organisms. The microflora is dominated by strict anaerobes with only a minority of the population being facultative. Predominant anaerobes are gram negative rods belonging to the genus bacteroides. Other main groups include members of the genera *bifidobacteria*, *eubacteria*, *lactobacilli*, *fusobacteria*, *peptococci*, *streptococci* and *clostridia*. Other groups that have been isolated in lower numbers in certain individuals are sulphate reducing bacteria, acetogens and methanogens, all of which are involved in H₂ metabolism.

GI homeostasis

In the healthy adult a mutually beneficial relationship is established between the colonic microbiota and

the host. This complex interaction leads to a high degree of self-regulation and homeostasis. To sustain this delicate balance, the host has evolved various protective defence mechanisms, including competition for nutrients that may be limited, competition for mucosal association sites, as well the endogenous formation of antimicrobial metabolites, free bile acid, short chain fatty acids, and maintenance of a low redox-potential.

Physiological host-defence mechanisms such as gastric acid secretion, peristalsis, lysozyme and pancreatic secretions may also be involved in protection. In the healthy bowel there is a sustained colonic microbiota equilibrium, which effectively impedes colonisation by undesirable invasive pathogens.

Probiotics

As mentioned, there is a dynamic equilibrium between the various components of the GI system, namely the microbiota, the diet and the host physiology. It is therefore likely that, at some time during a person's life, this ecosystem will become impaired or compromised by pathogenic micro-organisms with undesirable effects. One therapeutic approach to repairing or preventing such deficiencies is based on probiotics.

The term has evolved to describe mono or mixed cultures of beneficial live micro-organisms, which improve intestinal microbial balance. This definition emphasises the significance of a probiotic being composed of viable micro-organisms. Most probiotics are lactic acid-producing bacteria, with species belonging to the *Lactobacillus* and *Bifidobacterium* genera being the most frequently used. New probiotics include other micro-organisms, such as yeasts (for example, *Saccharomyces boulardii*) and *Bacillus*.

Traditionally, probiotics have been presented to consumers as yoghurts and other fermented foods. But recently other vehicles have been developed including tablets, capsules and liquid suspensions.

Continued on P20 →

million
d spend



she's
Crawling
with
bacteria
and she wants to thank you

The realisation that probiotics have considerable potential to contribute to modern healthcare is growing. Clinical trials indicate a number of beneficial effects. It has been shown that *Bifidobacteria* promotes the formation of large amounts of IgA - one of the body's principal disease-fighting antibodies. And *L. acidophilus* and *B. bifidum* have also been shown to support the immune system. Probiotics may also be particularly useful as supplements, in two notoriously problematic areas - Irritable Bowel Syndrome and recurrent thrush. Controlled trials, successful clinical treatments and related observations, all show that manipulation of the gut flora can help symptoms. Multibionta is a multisupplement, containing three intensively studied probiotic strains, together with all the recommended vitamins at 100% RDA, and minerals. And since it's enteric coated, the bacteria cannot be destroyed by stomach acid. All of which makes Multibionta an ideal probiotic formulation to recommend to sufferers of recurrent IBS or thrush, or for the promotion of general good health. Make Multibionta available for your customers to buy. They'll thank you for it.

Recommend



The only complete multivitamin with probiotics

Call 0800 111 148 if you would like to experience probiotic mineral and vitamin benefits. Use of probiotics is purely advisory. Seven Seas Ltd, Hedon Road, Hull, England, HU9 5NJ

1165) 335-357 3 Andrews PJ, Borody TJ, Medical Journal of Australia 1993, 159: 153-154 4 Borody TJ, George L, Andrews P, et al Medical Journal of Australia 1993 159: 604 5 Nadeau S, Johansson ML, Main C, et al (in manuscript) 6 Niedzein K, Jeppsson B, Birkeland B, et al (in manuscript) 7 Reid G, Bruce AW, McGlothy JA, et al Clinical Microbiology Reviews 1993, 3(4): 325-344 8 Sander B, Langer G, et al (in manuscript)

→ Continued from P18

Probiotic use

Recent work has indicated that probiotics are primarily effective in diseases whose aetiologies involve disruption of normal colonisation resistance in the gut. Well designed scientific studies have shown significant positive health effects (see below). Improved techniques, including molecular based methodologies, now allow the accurate tracking of probiotics and determining their effects. These are being increasingly used in well-controlled human volunteer trials.

Immune system

Shortened duration of diarrhoea and enhancement of systemic antibody secreting cell response has been seen in children taking supplements of *Lactobacillus casei*. Ingestion of yoghurt has also been reported to stimulate cytokine production in blood cells. In animal models, probiotics can stimulate local and systemic antibody production, increase interferon levels and enhance the activities of macrophages.

Lactose metabolism

Over half the world's population suffers from reduced ability to digest lactose. Alleviation of lactose intolerance symptoms has been well characterised for some probiotics. Studies in lactase-deficient subjects, comparing fermented dairy products and milk consumption, have shown that yoghurt consumption improves lactose digestibility. This is due to elevated lactase activity in the probiotics.

Diarrhoea

Several studies have shown that probiotics have been successfully employed to treat antibiotic-associated diarrhoea. Significant positive results have been associated with *Saccharomyces boulardii*, *Lactobacillus spp* and some *bifidobacteria*. Administration of yoghurt containing *bifidobacterium longum* showed alleviation of erythromycin-induced diarrhoea. A blend of *B. longum* and *B. acidophilus* decreased the incidence of ampicillin-associated diarrhoea and the time required for recolonisation of the gastro-intestinal tract. Furthermore, *Saccharomyces boulardii* has been successfully used for the prevention and treatment of antibiotic-associated diarrhoea as caused by *Clostridium difficile*.

There are conflicting results for the prevention of traveller's diarrhoea by specific probiotics. Rotavirus is recognised as the leading cause of

Reported clinical effects of some probiotics

CLINICAL EFFECT

Immune stimulation

Antibiotic-associated diarrhoea

Travellers' diarrhoea

Recurrent *C. difficile* colitis

Anti-tumour

Rotavirus diarrhoea

Acute diarrhoea

Balancing of intestinal microbiota

Lactose intolerance

Lowering faecal enzyme activities

diarrhoea in children worldwide. Recent studies have indicated the beneficial effect of probiotics on the clinical course of acute rotavirus diarrhoea in children. A significant reduction in the duration of diarrhoea was observed when *Lactobacillus GG* was administered either as a powder or yoghurt. Decreased incidence of acute diarrhoea and shedding of rotavirus has also been shown in infants treated with infant formulae supplemented with *Bifidobacterium bifidum* and *Streptococcus thermophilus*.

Irritable bowel

A reduction in the severity of abdominal pain and constipation has been shown in IBS patients treated with *L. plantarum*.

Anti-carcinogenic

Most studies investigating anti-tumour and anti-carcinogenic properties have been conducted in animal models. There is, however, little significant scientific evidence to support any of these responses in humans. Studies in animal models have found that dietary intake of lyophilised cultures of *Bifidobacterium longum* reduced carcinogenesis by the mutagen, 2-amino-3-methylimidazol (4,5-f) quinoline.

Specific strains of probiotics can down-regulate intestinal microbial enzyme activities. This phenomenon leads to suppression of bacterial enzymes which convert pre-carcinogenic compounds to active carcinogens. Study in healthy subjects has shown that oral intake of *L. acidophilus* significantly reduced R-

PROBIOTIC

Lactobacillus acidophilus, *L. casei*, *L. rhamnosus*, *L. plantarum*, *L. delbrueckii*, *L. johnsonii*, *Bifidobacterium bifidum*, *L. rhamnosus*, *L. acidophilus*, *L. bulgaricus*, *Saccharomyces boulardii*, *B. longum*, *Enterococcus faecium*, *L. rhamnosus*, *L. acidophilus*, *L. bulgaricus*, *B. bifidum*, *Streptococcus thermophilus*, *L. johnsonii*, *S. boulardii*, *L. rhamnosus*, *S. boulardii*, *L. acidophilus*, *L. casei*, *L. plantarum*, *L. delbrueckii*, *L. gasseri*, *B. longum*, *B. bifidum*, *B. adolescentis*, *B. infantis*, *L. rhamnosus*, *B. bifidum*, *S. thermophilus*, *B. bifidum*, *L. bulgaricus*, *S. thermophilus*, *L. acidophilus*, *E. faecium*, *L. rhamnosus*, *L. reuteri*, *L. acidophilus*, *L. casei*, *B. bifidum*, *L. plantarum*, *L. bulgaricus*, *S. thermophilus*, *L. rhamnosus*, *L. johnsonii*, *L. rhamnosus*, *L. casei*, *L. gasseri*, *L. delbrueckii*, *L. acidophilus*

glucuronidase, nitroreductase and azoreductase activities.

Mechanisms

Although probiotics are considered to promote or sustain health, the mechanisms by which they achieve their effects have not yet been fully elucidated. However, a number of proposals have been made including:

- competition for available nutrients and colonisation sites
- interference with opportunistic pathogens via colonisation resistance
- production of antimicrobial substances such as bacteriocins
- production of digestive enzymes
- lowering of colonic pH via production of organic acids, such as acetate, lactate
- non-specific stimulation of the immune system
- reduction of translocation.

Probiotic bacteria have traditionally been used in food fermentation. Recent studies have not indicated any significant risks, but more definitive proof of value is required in human trials. It is our belief that the best value of probiotics lies in improved resistance to pathogens which cause both acute (for example, some *E. coli*, *Campylobacter*) and chronic (for example, sulphate-reducing bacteria) gut disorder. It is important that difficulties with survival of probiotics are overcome.

A list of references is available from Professor Glenn R. Gibson, Food Microbial Sciences Unit, Department of Food Science and Technology, The University of Reading, Whiteknights, PO Box 226, Reading RG6 6AP (Tel: 0118 935 7223; fax 0118 935 7222. E-mail g.r.gibson@reading.ac.uk).

Indigestion sufferers get younger

Over 600 million doses of indigestion remedies are consumed in the UK every year. Usage has traditionally been

biased towards older people but lifestyle changes – fast food, grazing, snacking and high stress levels – may be bringing younger consumers into the market.

Product choice depends on age and lifestyle, and is influenced considerably by format, says SmithKline Beecham. Effervescent appeal for over-indulgence, liquids are preferred for home use, while tablets appeal to consumers needing convenience and portability.

There is high brand loyalty, with tried and tested brands being passed down through generations.

Indigestion remedies are a highly planned purchase and there is low brand switching at point of sale. An indigestion shopper spends 1 minute 30 seconds on average at the fixture.

The market peaks at Christmas and the New Year, boosted by advertising targeting over-indulgence. Pregnant women have become a viable audience and there is an increase in advertising aimed at this group.

SmithKline Beecham estimates that the total indigestion and stomach upsets market is worth £112.4 million and is growing at about 1 per cent. Pharmacy still has over 60 per cent of the trade, an increase of 8 per cent on last year, with opportunities created in recent years by POM to P switches. The multiple grocery share (36 per cent) grew by 3 per cent, while independent grocers claim 4 per cent.

P medicines are growing more than GSL (6.7 per cent against 3.3 per



Rennie Duo has had better sales through independents

Top ten brands

1. Rennie Original
2. Gaviscon liquid
3. Remegel
4. Zantac 75
5. Rennie Rap Eze
6. Milk of Magnesia
7. Tums
8. Gaviscon 250
9. Bisodol Original
10. Rennie Deflatine

Total value, all outlets £89.628m.

Growth 3.3 per cent.

Source: Information Resources year ending

May 21, 2000



SmithKline Beecham's focus has been on Andrews Salts, which had a radical pack change last year

- Rationalise ranges to ensure major brands and those with high cash rate of sale dominate.
- Position the brand leaders at eye level to help consumers find the category and navigate the fixture.
- Double face with strong performers and de-list weak performers, as consumers are confused by brand proliferation.
- Merchandise by brand as shoppers search by brand then format.
- Ensure all formats, such as tablets, liquids and effervescent, are on offer.

Summer demand

Bayer Consumer Care says trends show a growing demand for over-indulgence remedies, particularly in the summer as holidaymakers stock up on essentials. Sudden changes in day/night rhythm on long haul flights can trigger stomach upsets, as well as drinking too much and eating rich, unfamiliar foods.

Brand manager Bryan Greenway says: "We recommend retailers position Alka-Seltzer up front next to the sun tan cream and insect repellents."

The brand features in advertorials in the women's press this month.

Better in independents

Rennie Duo has had better sales through independents than multiples, says Roche Consumer Health. It attributes this success to investment in pharmacy staff training through the PEPTIC programme. In pharmacies excluding Boots, Rennie Duo has joint third position with Brododol in terms of value share, while in volume it rates third after Gaviscon and the Rennie core range. Television support continues through the year.

Rennie Deflatine, too, is being supported by television advertising throughout 2000. PR includes leaflets in GP surgeries aiming to 'normalise' the symptoms of trapped wind, and reach non-treaters who may not acknowledge or recognise symptoms.

cent), but GSI accounts for 56 per cent of the indigestion market. In pharmacy, P medicines have a 68 per cent value share, which increased 5 per cent last year, while GSI remedies have declined slightly in share.

Liquids are the most popular format (60 per cent and up 7 per cent), while tablets (34 per cent) and effervescent (6 per cent) have shown a slight decline.

Merchandising tips

SmithKline Beecham gives the following advice to pharmacists:

- The indigestion category is a cash generator as most products have high sales and are bought frequently by the target market. It is worth 9 per cent of the value of healthcare so should occupy about 9 per cent of healthcare fixtures.
- The category is worth 2 per cent of the value of P medicines so should occupy about 2 per cent of back-wall space.



Johnson & Johnson.MSD is running a summer advertising campaign for Motilium 10, aimed at making women aware of dysmotility symptoms and the need to treat with a motility agent instead of less appropriate remedies. Copies of the 'A stomach fit for life' leaflet, bound to the May issue of *Prima*, are available from sales representatives who can also offer a CD-Rom training programme to pharmacy staff. There is a consumer helpline on 020 7978 4100



Cold Sores
triggered by the
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your customers
holiday...

Further information available on request from: Customer Services, Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. Legal Category: P.

Confusion could prevent growth in laxatives

Consumer confusion and lack of understanding could be preventing growth in the laxatives market, says Joanna Newell, Ex-lax product manager.

Top ten brands

1. Senakot
 2. Dulcolox
 3. Fybogel
 4. Ex-lax
 5. Duphaloc
 6. Colifig
 7. Nylox
 8. Milpor
 9. Sure Lox
 10. Oris
- Total value, all outlets £31.878m.
Growth 7.4 per cent

Source: Information Resources year ending May 21, '00



Reckitt & Colman is supporting Fybogel with a press campaign

One-fifth of adults suffer from constipation at some point in their lives, with one-quarter of elderly people affected. Yet 10 per cent of sufferers do not use medication, and those who do prefer gentler and more natural products. Women are more likely to suffer (one in three) than men (one in five).

Lack of consumer understanding may be a result of people not wanting

to talk about constipation, says Ms Newell.

"Perhaps industry and pharmacists could help by making educational material more readily available. Customers reluctant to approach pharmacy staff in the first instance might prefer to have leaflets they can take away," she says.

The market is underdeveloped and has the potential to grow in value terms. There have been few new product introductions in recent years and the products are relatively low in price compared with other OTC medicine markets. Pharmacy accounts for nearly 90 per cent of sales.

● Reckitt & Colman is supporting Fybogel with an ongoing press campaign, including advertorials and reader offers this month. PoS and consumer leaflets are available for pharmacies. The company is sponsoring the Nursing Standard Nurse of the Year Award, culminating in an award ceremony this November.

A display tray for Senokot, with consumer leaflets, is available from the sales force. A pharmacy assistant competition is being planned for later this year.

Fybogel is the most frequently prescribed constipation brand, while Senokot is the number one stimulant laxative prescribed by GPs, the company says.

Bacteria that are good for you

Over one million people will consume a probiotic product this year.

Many will not know why – they just know "it's good for you". Nor do they know the pitfalls of milk-based products, says Seven Seas category manager Peter Andrews, which is why the company is concentrating on educational campaigns this year.

Stomach acid and bile destroy most probiotics, so they do not survive the difficult journey to the intestines, their target area. Advanced Formula Multibionta is the only probiotic which is enteric-coated, and the three-layered tablet keeps the bacteria away from acidic vitamins and minerals, according to the company. This guarantees the delivery of live, viable bacteria, whereas yoghurts and drinks often do not. The heat used in processing certain products can also reduce activity.

A benefit for pharmacists is that Multibionta does not need refrigeration, so can be merchandised in the VMS section. A benefit for consumers is that tablets are easier to take on holiday to help balance the gut flora.

"The multivitamin sector is obviously very different from yoghurt drinks with added probiotics sold in the grocery sector," says Mr Andrews. "Strictly speaking, these are not in direct competition and can only assist in growing the total market for probiotic products."

Seven Seas is spending over £5 million in supporting the brand this year. A campaign including national television, radio, poster sites and press will continue this autumn. Training material, PoS and information on how to recommend probiotics is available to pharmacies.

A recent study found that nearly half of all Multibionta consumers are new to the VMS market. The product is targeted particularly at young adults with hectic lifestyles.

Overcoming embarrassment

Haemorrhoid sufferers often ignore their problem because they are too embarrassed to seek advice. As a result, less than half of those who treat the condition use specific haemorrhoid relief products.

Research has shown a 20 per cent increase in sales when customers are asked to seek advice for a treatment.

Ashley Knight, product manager for Anusol, says: "We are committed to breaking down the stigma and taboos associated with this easily treated condition."

The haemorrhoid remedy market increased by 4 per cent to £13.5 million in the year to April. Pharmacies saw a value growth of 7 per cent and grocers 11 per cent, but pharmacy still accounts for two-thirds of the market, where the value of £9m excludes Boots.

Warner Lambert Consumer Healthcare's research found that almost all consumers prefer to buy haemorrhoid products in pharmacies but are reluctant to ask for them. The embarrassment factor can be even more of a deterrent in supermarkets where the product is pushed round in a trolley and then on show as it passes through the checkout. This, together with the fact that pharmacies offer professional advice, should ensure they remain the natural place for purchase, says Mr Knight.

He calculates there could be over one million untapped customers, based on the fact that one in ten adults have piles at any one time, only two-thirds treat the condition and only half of those use a specific remedy. Non-specific treatments include various creams, ointments and laxatives consumers already have at home, he says.

But isn't there a risk that easy access display removes products from the close supervision of a pharmacist who could check the symptoms and refer first-time sufferers to a doctor? Ashley Knight says pharmacists can still play a key role in giving advice to customers who want it, and the Anusol product leaflet acts as an additional safeguard in recommending when to go to the GP.

Last year Anusol saw its highest market share for nearly three years – over 53 per cent. A key to the brand's success was heavy investment in educating pharmacists about the benefits of improved self-selection merchandising, together with poster advertising to raise mass awareness and public relations to educate consumers.

The brand is currently being repackaged. There will be a month of advertising on bus sides in September, together with regional radio and press advertising in the autumn.

Educational initiatives will continue throughout the year. The Piles Advisory Bureau (0207 617 0818) gives information to consumers and health professionals, and offers 'The bottom line' guide. The total spend is likely to be about £2m, compared with last year's £1.7m.



Novartis Consumer Health believes that products such as Ex-lax have the potential for growth in value terms

IBS sufferers prefer to self-treat

Irritable bowel syndrome affects about 9 million people in the UK – about one-fifth of the population.

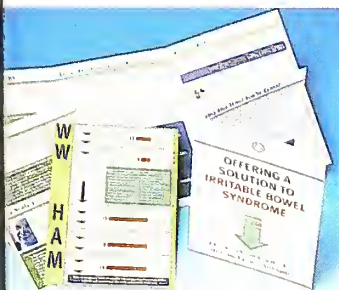
Research has shown that three out of four sufferers prefer to self-medicate rather than visit their GP.

Says Kim Spence, assistant brand manager for Colpermin: "Pharmacists can offer a valuable service to sufferers seeking more information and can recommend the most suitable treatment."

In a survey of over 2,000 sufferers, one in ten were unsatisfied with the advice given by their GP. IBS is commonly perceived as psychosomatic.

Over a quarter of sufferers thought their symptoms were extremely severe and nearly one-third felt exhausted from their condition. When experiencing symptoms, over one-fifth were in constant pain and felt their condition was misunderstood.

Because of this apparent lack of sympathy and support, Pharmacia & Upjohn is placing more emphasis on



Colpermin's guide to IBS

Pharmacy still sees loperamide benefits

Pharmacy is successfully retaining the lion's share of the diarrhoea treatment market and sales are up 5 per cent in value.

But there has been a significant shift to grocery outlets since the deregulation of loperamide in 1997. Grocery sales of diarrhoea treatments in the first five months of this year were worth six times more than in the same period last year.

Johnson & Johnson MSD says that, since the P to GSL switch, a number of own label and generic products have entered the market for self-selection in both pharmacy and grocery.

"Commercial pressure from these products inevitably forced branded loperamide products to move into the GSL area," says group product director Ghislaine Robson. "Although most pharmacy sales result from pharmacist or assistant recommendation at the counter, pharmacies could use GSL to their benefit in holiday health promotions, for example."

Imodium Plus is still Pharmacy-only, so pharmacists could serve their own and their customer's interests by recommending it as being better than loperamide alone, she adds.

Top brands

1. Colpermin
2. Colofoc
3. Reloxyl
4. Equilon
5. Equilon Herbol
6. Colofoc 100
7. Mintec
8. Fybogel Mebeverine
9. Core

Total value £3.95 m. No growth.
Source: Information Resources year ending May 21, '00

the role of pharmacists in giving reassurance to patients. The company has worked with the National Pharmaceutical Association to develop a 'Guide to good practice' for IBS. Copies are available on 0500 390114.

Following this summer's poster campaign for Colpermin in over 100 motorway service stations, women's press advertising runs from September to November. A consumer media project will link with National Stress Day in November, highlighting how IBS can be triggered by stress.

● Reckitt & Colman is aiming at 25-40-year-olds in consumer advertising for Fybogel Mebeverine. An advertorial campaign runs this month in the surgery magazine, *The Waiting Room*.

● J&J MSD is working with IBS Research at the Middlesex Hospital on an IBS programme to educate pharmacists and consumers with the latest information on this widespread but poorly-understood complaint.

Top ten brands

1. Imodium
2. Dioralyte
3. Diocolm/Diocolm Duo Action
4. Arret
5. Diocolm Ultro
6. Imodium Plus
7. Collis Brownes suspension
8. Dih Limit
9. Dioralyte Relief
10. Collis Brownes tablet

Total value, all outlets £32.106m.
Growth 8.6 per cent.

Source: Information Resources year ending May 21, '00

The company is keen to maintain P status for Imodium Plus and a new 12 pack has just been introduced.

J&J MSD claims that a major factor in growth of anti-diarrhoeals has been the company's investment in consumer education and advertising.

"TV and press advertising not only raises brand awareness, it makes the subject more acceptable, benefiting the category as a whole," says Ms Robson.

A test campaign in London earlier this year put Imodium on radio for the first time and resulted in a 77 per cent increase in sales in that region compared with national sales.



...and
their
suntan



✓ at **Blister**
✓ or **Tingle**

Further information available on request from: Customer Services, Glaxo Wellcome UK Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT.
Legal Category: P.

In a dental emergency – call for Dr Denti

GAP Research is relaunching the Dr Denti Emergency First Aid Kit at Chemex.

The company has a comprehensive range of home-use dental emergency kits and the new Dr Denti kit offers temporary treatment for five of the most common dental emergencies and comes complete with all the accessories needed to self-treat or help a patient.

GAP says the kit addresses more than 80 per cent of dental emergencies which people encounter at home or work or while travelling.

Products are supplied on a sale or return basis and can be ordered singly or in multiples of ten. Refills can also be supplied for various elements of the kit.

Packed in a green waterproof bag, the Dr Denti Emergency First Aid Kit contains mouthwash tablets, cotton buds, re-plant container, latex gloves, clove-oil gel, tooth-fil, cotton rolls, spatula, stainless steel dental mirror and probe as well as a detailed instruction guide.

GAP Research Company Ltd.
Tel: 01322 386920.

Vicks goes digital with new range

A range of five Vicks products is being launched in the UK at Chemex. They are being distributed separately from the Vicks OTC medicines by BeWell.

The new range, which has been on sale in America, comprises a Digital Thermometer, Comfort-Flex Thermometer, Baby Thermometer, Hot Steam Vaporiser and Electric Steam Inhaler.

BeWell's sales director, Hal Turkmen, said: "Chemex will give pharmacists their first chance to see these products in the UK."

"The timing of the show is absolutely right to introduce the products at a time when pharmacists are stocking up on winter products."

BeWell Ltd.
Tel: 0117 930 0818.



the future of pharmacy

chemex

3/4 september / olympia 2 / london

2000

Wise up to OrderWise

Quicker, smarter, simpler — that's how software company OrderWise sums up its products, which will be launched in the UK and going live at Chemex.

OrderWise is described as "a trouble-free, interactive, 24-hour, electronic pharmaceutical product ordering system that allows the pharmacist to make smart buying decisions".

The easy-to-use system allows the user to buy — at the best price — from any wholesaler with whom they have an account. Prices are updated at least daily giving customers access to the very latest prices, deals, bonuses and special promotions. The system also

allows the customer to judge whether it is worth switching part

of his order to a different wholesaler for a better price or allowing a cumulative discount to build with his main supplier.

Orders may be transmitted by modem or via the internet immediately or saved for later transmission.

Other products from the company include a group purchasing system for multiples or buying groups: OrderWS, an electronic wholesale system which manages a small wholesaler or buying group electronically; Repwise to serve sales forces; and Advert Wise which displays advertisements in screen saver format or when orders are being transmitted.

Chris Prinsloo, marketing director of OrderWise, said: "We believe we owe it to our customer to specialise in our expertise and are therefore not

involved in sales of computer hardware.

"We believe our core business to be support and maintenance of our products and customers. The products are supported and maintained by the use of our own support system which records every contact with the customer, enabling the support department to track problems of the software as well as that of the customer."

The company has been trading successfully in South Africa for almost seven years, specialising in developing software for the pharmaceutical industry.

Orderwise.
Tel: 021223 473390.

Spend, spend spend to save, save, save

Electrical wholesaler Mashco has a stand full of special offers from nearly 30 of the best-known names in electrical and photographic goods.

They include Braun, Philips, Remington, Pico, Carmen, Revlon, Vidal Sassoon, Scholl, Panasonic, Interplak, TDK, Duracell, Oral B, Fuji and Kodak.

Mashco's Jay Mashru said: "Come along and stock up on the Chemex offers and it will be more than worthwhile for the next three months!"

Mashco plc.
Tel: 020 8204 2224.

Discounts from Australian Bodycare

Australian Bodycare is promoting its tea tree oil and Ketsugo skincare ranges, with a discount of 10 per cent on all orders placed at the show.

The offer includes the company's special haircare banded packs containing 150-ml bottles of Daily Treatment Shampoo and Daily Treatment Conditioner with a free nit comb.

Tea tree oil is a strong natural antiseptic and also has antibacterial and antifungal properties.

Australian Bodycare.
Tel: 01892 750888.

A chance to meet the wizards from Oz



Seven Australian companies are exhibiting at Chemex for the first time to promote their products to UK buyers.

The companies are offering perfumes; Australian sandalwood products; suncare; organic juices; two natural skincare ranges, one of which is promoted for mothers and babies; organic hair and body products; and organic and synergistic cleaning products.

The companies are: Feons Perfumes; Uneek Sun Products; Ozzie

Juices; Aromababy; Back to Nature; Nature's Organics; and Santaliala.

All the products are of Australian origin and Michael McCarthy, managing director of Quatre Geais Aus Marketing, the company that is bringing the products to the UK, said all offer something new to this country.

"In all, there will be around 150 products on the stand and we are coming to Chemex specifically to introduce them to the UK," he said.

Quatre Geais Aus Marketing.
Tel: 01480 461133.

A royal treat before and after shave



King of Shaves - a complete range of pre and post shaving and skincare for men is making its Chemex debut and the company is launching its Proshave range at the show.

The silicon-enhanced shaving products are suitable for sensitive skin and formulated to protect the skin and offer excellent razor glide.

Proshave offers Ultragel shaving gel and Ultrafoam shaving foam, both of which contain KXT silicon technology aimed at delivering "the ultimate shaving experience".

Each comes in two variants - supercooled menthol and natural unmentholated. All are unfragranced and also contain aloe vera, vitamin E and tea tree oil. The gels retail at £3.59 and the foams at £3.19.

King of Shaves.
Tel: 01372 275932.

Claydon creates new hair fun

Wot Not Babies and Guardian Angels hair accessories are being unveiled at the show by Claydon Creations.

Wot Not Babies feature a small tummy animal and two bobbles on an elastic 'ponio', while Guardian Angels are hair scrunchies featuring an angel figure in soft material.

Also being promoted on the stand are Serenade functional haircare products, Shimmers fashion hair

accessories and Christmas Giggles - new designs of melody and flashing light badges, earrings and children's products. Boxed jewellery, hairbrush and toilet bag decals and various promotional packs are also available.

Claydon representatives are available throughout the UK, offering planograms or selection choices.

Claydon Creations Ltd.
Tel: 01787 472939.

Miles more for visitors this year

Sales broker The Miles Group, is celebrating eight consecutive years at Chemex and managing director Geoff Dickinson promises that visitors to the stand will find a host of new products.

Among the new lines on show will be the recently launched and pharmacy-exclusive Unicare contact lens solutions. The products offer one-step cleaning, disinfecting and storing for hard and soft lenses and the range comprises Unicare Blue for soft lenses and Unicare Green for hard and gas permeable lenses. Protein Cleaning Tablets and a Multi Purpose Lens Case. Trial size bottles are available.



Intec Laboratories is a new partner on the stand this year, showing its De Valle range of aromatherapy products.

Other partners on the Miles Group stand will be Anglian Pharma, with the range of Jackson's cough medicines; Weider Nutrition featuring Fat Metaboliser slimming products; Galpharm International with Galpharm Oral Suspension for children and Kraft Foods, featuring Smith Kendon and Altoids.

Each of the companies will be offering special promotions for the duration of the show.

The Miles Group Ltd.
Tel: 01484 852411.



Poli-Grip



For unbeatable hold, there's no beating Poli-Grip Ultra. With TV spend in 2000 of over £2 million demand is set to be high so give your customers complete choice and stock the whole Poli-Grip Range. **STAFFORD-MILLER**

Poli-Grip. Stick with the market leader.

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Pharmacists have a great deal going for them but they can't afford to sit back and wait for things to happen, says Ben Zatland, recently elected chairman of the NPA, in an interview with **Adrienne de Mont**

Blow trumpets and seize opportunities

*"You must stir it and stomp it
And blow your own trumpet
Or trust me, you haven't a
chance."*

These words from Gilbert and Sullivan's *Ruddigore* are Ben Zatland's inspiration for the coming year. If pharmacists don't improve their communication skills, keep alert to the opportunities around them and prove they are as good as they say they are, then the future is bleak.

But there is so much support around, both from the public and politicians, that he has started his year as NPA chairman on an upbeat note.

His frustration with Government comes across immediately. "We seem to be dealing with a two-headed animal, he says. "One head - the ministers who claim to be well disposed towards us - says pharmacists are wonderful and 'we must make more use of your skills'. But their advisers seem to regard pharmacy as a scapegoat for cost savings, disregarding the quality and logistical issues associated with providing a comprehensive pharmaceutical service. It is this other 'head' that isn't playing fair.

"This side expects pharmacists, quite rightly, to be squeaky clean but doesn't apply the same high standards to addressing remuneration problems. There's been a breach of trust between the Department of Health and pharmacists over point of dispensing checks. Pharmacists have co-operated fully with exemption checking and are saving the NHS a great deal of money. Yet there seems to be a lack of quid pro quo from the Department. I've had many communications from contractors who are still waiting for back-payments of one sort or another from the Prescription Pricing Authority.

Many more are suffering from the iniquitous prescription switching scheme, although after a year of negotiation a somewhat grudging temporary fix has been agreed.

"But is anyone going to get votes by clearing up these matters? Our problem is we're not an election-winning issue.

"The Government, both centrally and locally, has failed to put serious resources into developing community pharmacy services for some time and has stifled investment," he continues. "The Prime Minister constantly advocates improving health services and education through injecting more resources, and this is certainly evident now that the blueprint to revise the NHS has been published. But there seems to be a mental block about resource and pharmacy.

"We are told that spending by Government departments will rise by billions, with the lion's share going to the Health Service. Having been starved of cash, the NHS will be awash with it. How much of it will reach community pharmacy? I believe it should be given a reasonable share. Proper investment will pay a handsome dividend in terms of delivering health gain wherever medicines are used.

"We're at the point now where the pharmacy network is becoming fragile and the Government needs to adopt the same resource philosophy it is adopting towards other services. Medicines management would be extremely valuable, yet we're still waiting to hear if we can get £1.5 million to run the pilot. What has happened to the repeat prescribing initiative and pharmacist prescribing? The Chancellor has allocated £500 million to improving the Treasury building alone. How much of that will benefit patients? Why can't the Department of Health show some initiative and commit to giving pharmacy a chance to prove itself?"



He is optimistic that the All-Party Pharmacy Group of MPs is giving pharmacists a higher profile in Parliament.

"And with the public we have a real head start," he adds. "Attendances at the recent NPA roadshows have proved there's a huge swell of interest in what pharmacists are doing. The local pharmacists on duty in the 'Ask your pharmacist' trailer were kept continuously busy. So on that basis, it is no good if pharmacists are hidden away from view. They should be out there with customers."

And that is where WS Gilbert's 'stirring and stomping' comes in. Pharmacists can best blow their own trumpet by honing up their communication skills and coming out of the dispensary. In doing so they should ensure they convey a professional image.

Pharmacists fail to make the most of themselves, he believes. "They are intelligent and hard-working but sometimes they look as if they've come straight from an all-night hoedown."

He highly recommends the NPA's course, 'Interpersonal skills for pharmacists', which covers verbal and non-verbal communication, active listening, assertiveness, dealing with customers and professional meeting skills.

Communication skills are something you don't have to be born with but can acquire, and there is no reason why pharmacists should not have the same apparent confidence and professional image as other health professions, he believes.

"I know it's difficult to come out into the shop if you're a one-man band but unfortunately, the way



Life and times

Ben Zatland spent his childhood in Bristol before moving to Leicester. After graduating in 1958 with a University of London pharmacy degree, he taught science at a comprehensive school for a couple of years. He worked for May & Baker for a year in sales before moving into community pharmacy. He bought his first business in Greenford, Middlesex, and at one time owned five pharmacies in West London and Middlesex. At present he owns two in Hanwell, West London.

His interest in pharmacy politics stems from the 1980s when he became LPC chairman and, eventually, chairman of the Middlesex Group of five LPCs. Because of his business contacts with the NPA he felt his affinities lay with that organisation and he has been a member of its Board of Management for six years.

things are going, you just have to. The key is to have sufficient resources to contemplate these issues and organise your time accordingly. But it's a vicious circle. If your pharmacy is not doing well, you don't have the resources.

"As pharmacists, we hang our professional hats on the unique knowledge we have in the action and use of medicines. But in today's world of audit and accountability, we can no longer afford to rest on our laurels. We must prove our worth, demonstrate we are competent and live up to the message we preach.

"Society doesn't owe pharmacists a living. Pharmacists must take control of their own destiny. Having said that, I recognise fully the difficulties facing single-handed proprietors. One is that they operate in isolation. They are often surrounded by 'adoring' staff and have problems keeping in touch with what's going on out there, such

as the establishment of walk-in centres and PCTs.

"This isolation culture must change. Pharmacists must involve themselves in local issues and work more closely together.

"That's why the Isle of Wight issue is so important, where pharmacists - both independents and multiples - have agreed unanimously to withdraw monitored dosage services and disposal of unwanted medicines in protest against the Health Authority's decision to appoint a nursing home pharmacist. It's probably the first time contractors from every group, including Boots, have got together and said 'that's enough'. I would rate it as a real milestone."

He cautions: "It's no longer enough to farm out all responsibility for our profession to your representatives. There is a pressing need for a much closer relationship between pharmacists and their representative bodies. This is particularly true of the NPA and its members. The NPA is a remarkable organisation, providing a huge depth of help and support. While we can lead our members to water, we cannot make them drink!"

Opportunities

Mr Zatland's term of office is likely to see the POM to P switch of Levonelle 2.

"The whole EHC issue is fraught with logistical, ethical and moral dilemmas. But the biggest concern to the NPA is the two-tierism associated with EHC being available free of charge through protocols on the one hand, while at a price over the counter on the other."

Initially the NPA wanted supply through protocols, with pharmacists being properly remunerated for the consultation. This would have been the first step on the road to independent pharmacist prescribing. But events have moved on, he says, and it is essential that pharmacists become fully involved in supply if Levonelle 2 becomes a P medicine.

"Pilot schemes indicate that the demand for EHC is tremendous. Availability is all about increasing accessibility. It is therefore essential that a mechanism is found to facilitate free provision at the point of supply."

He hopes developments in IT, too, do not leave pharmacy behind. He urges pharmacists to familiarise themselves with new technology, to surf the web, to know how to send e-mails and to sign up to NPAnet.

"When e-commerce and its associated spin-offs take off, it's essential we can take full advantage, such as transmitting data from GPs or to the pricing bureaux. We don't want to have pharmacists asking 'How do I switch on the computer?'"

While taking the NPA line in opposing medicines sales on the net, he thinks many people will still want

a face-to-face consultation with a pharmacist or doctor.

"I doubt very much that people who are exempt from prescription charges will rush home and start ordering their supplies on the internet."

He thinks the biggest threat to pharmacy is that of PCTs opening pharmacies or trying to bypass the supply chain.

"That's why it is very important for pharmacists to get involved on PCTs and PCGs whenever they possibly can. Many LPCs are using their funds to enable pharmacists to attend meetings so pharmacy's view is always heard."

Similarly, he urges pharmacists to become involved in NHS Direct and walk-in centres if they can, although he thinks the concept of investing in new premises when there are already 12,000 walk-in pharmacies is of dubious value.

In his own pharmacies he is hoping to become involved in smoking cessation. Ealing Hammersmith and Hounslow Health Authority is considering a scheme in which smokers could take vouchers to a pharmacy for free nicotine replacement therapy. Another option - which Mr Zatland prefers - is for pharmacists to supply NRT after consultations for which they are paid.

Again, it's a question of whether pharmacists have time for such

consultations. "But if someone is paying us for our time, there is no reason why we shouldn't make some resources available."


He would like to become involved in warfarin monitoring, although he has still to find a source of funding.


"That's another message I'd like to get across to pharmacists," he says. "Avoid supplying such services without proper remuneration. Pharmacists should assume their time has come - and go for it."

NPA and PSNC merger

The PSNC recently sidelined merger proposals, put by its chairman Wally Dove, in favour of streamlining its own efficiency. The matter has not yet been fully debated by either the NPA or PSNC, but Mr Zatland thinks there is a great desire for more unity in the profession.

"The key issue, though, is how the pharmacy organisations are seen from outside pharmacy," he says. "We need to consider how we are perceived by the Government. It has to deal with more organisations than it needs to, and a strong united voice would carry more weight around the negotiating table. As long as the Government has to consult four separate bodies, it can pick what it wants and fit it to suit the needs of the moment. The amount of time PSNC and the NPA spend discussing the same issues represents a tremendous waste of resources."





Poli-Grip Fresh contains menthol for an extra minty taste for those who prefer a fresher flavour. With TV spend in 2000 of over £2 million demand is set to be high so give your customers complete choice and stock the whole Poli-Grip Range. **STAFFORD-MILLER**

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Partners for Success

Dr Hooman Ghalamkari owns Dines Green Pharmacy, which is in a council housing estate in Worcester with limited healthcare facilities. Dr Ghalamkari graduated from Bath University and completed post-graduate studies in Bristol. He has been in business at these premises for two and a half years, with a business that is continually expanding. His innovative work in community pharmacy has been recently recognised by the presentation of the inaugural Community Pharmacy of the Year award

According to Dr Ghalamkari, the biggest problem he faced as he grew the business was shortage of cash-flow.

Recently cash-flow hasn't posed any problems to Mr Ghalamkari, and the answer he has found lies with a new pharmacy business solution, Pharmacy Partners.

Dr Ghalamkari says: "In terms of cash-flow, Pharmacy Partners has really helped me. The system with the PPA and the NHS meant that I was not fully reimbursed for up to three months at a time. In a pharmacy like mine, where the script numbers are rising, it's easy to pay out large sums of money that you won't see again for anything up to three months."

Dr Ghalamkari believes that it was the lack of access to the cash caught up in the current cycle which was holding his business back. He says: "There were cash-flow issues that limited me from developing the business."

Since he joined Pharmacy Partners he no longer faces the same problems. By notifying Pharmacy Partners each day of his NHS dispensing, the cash is in his bank account within 48 hours.

He says: "It's amazing how much you can do with the released cash." The first payment Dr Ghalamkari received from Pharmacy Partners enabled him to re-fit the retail unit next door and furnish it with new equipment to be used as a consulting room.

Dr Ghalamkari points out that there are other financial benefits too. "Short-term I can also take advantage of bulk purchasing, without worrying. I used to worry about going overdrawn but those worries have eased tremendously. Before, I really



Dr Ghalamkari used some of his released cash to buy a chiroprapist's chair

had to think about what stocks to re-order as it all impacted on my cash-flow. Now my time and my cash are freed up and I am able to spend more time with customers and work at developing services."

Pharmacy Partners also provides detailed user-friendly business analysis reports to help pharmacists monitor and guide their businesses. Monthly data includes feedback on NHS turnover, cash-flow, dispensing trends, growth rates and helps monitor any scripts referred back to the pharmacist. Dr Ghalamkari believes

that the reports have helped keep him on the right tracks.

In summing up, Dr Ghalamkari says: "I would have forged ahead with my long-term plan anyway, but Pharmacy Partners has certainly made it easier. My business is important to me, and I have invested a considerable amount of money in developing it. For me, Pharmacy Partners represents much more value than if I had simply borrowed money from the bank. I would have no hesitation in recommending other pharmacists to look into what it can do for them."



Pharmacy Partners' proven credit card technology

IN SUMMARY

- Pharmacy Partners releases pharmacists' cash caught up in the NHS cycle on a daily basis. Pharmacists will no longer bear the cost of continuously being owed money by the NHS. Now they have the opportunity to put their money to better use.
- Pharmacy Partners is a new way for pharmacists to permanently gain access to money to invest in their business. Pharmacy Partners gives pharmacists permanent cash to invest in their business and increase their profitability (eg improved buying, merchandising, premises, adding clinical services). In addition, the amount of cash released increases in step with the growth of the pharmacist's business.

- Pharmacy Partners puts the pharmacist in control of his daily NHS dispensing by converting it to a cash business. The pharmacist receives a report each night on the value of his NHS prescribing that day and payment of those funds within 48 hours, giving cash-flow certainty.

- Pharmacy Partners is easy to use, being based on proven credit card technology. Pharmacy Partners uses proven credit card technology to provide daily business information. Like a merchant credit card, it is available to all pharmacists. It is not a loan, is non-intrusive and is not tied to any wholesaler or industry supplier, providing greater flexibility.

- Pharmacy Partners is an independent business that enjoys major institutional banking.

For information contact Jeremy Tozer (BPharm (Hons) MRPharms) or the Client Services Consultants on Freephone 0800 144 5554



Updated Mediphase could have parts of Healthplus

Alliance UniChem is not ruling out incorporating some components of the Healthplus system developed by Pharmacy Resource Systems (PRS) into the updated version of Mediphase.

Alliance UniChem's head of pharmacy systems, Tosh Mondal, said that particular elements of the Healthplus system, such as the patient counselling programme or patient advisory system, might become an integral part

of the new Mediphase.

Mr Mondal said that one of the two ex-PRS employees, who have just joined the Mediphase team at Alliance UniChem, is currently looking at professional services for pharmacists.

"I would imagine that we are going to end up with something similar to the professional services offered by PRS," Mr Mondal said.

He did, however, insist that, contrary to some reports, Alliance UniChem

was not interested in acquiring PRS and had not contacted the company's administrative receivers, Levy Gee.

Christopher Herron, one of the joint administrative receivers for PRS, confirmed that Alliance UniChem had not expressed any interest in PRS and added that they were currently in discussion with two large computer companies.

Mr Mondal, who himself worked for PRS until January, expected that electronic prescribing, a cornerstone of the PRS system, was not going to be a reality until 2003.

Mr Mondal is expecting an announcement in the fourth quarter of this year, probably at the British Pharmaceutical Conference, where Health Minister, Lord Hunt, may give the Government position on e-prescribing.

"Whether it will be detailed enough for us remains to be seen," he said.

The delay in getting electronic prescribing off the ground was, in Mr Mondal's opinion, the major problem that led to PRS going into receivership.

Boots considers walk-in centre in Tunbridge Wells

Boots the Chemists has made a planning application that could result in a walk-in centre opening at its store in Tunbridge Wells in Kent.

A Boots spokesman confirmed that it intends to introduce chiropody and dental care services at the store, but it is at a very early stage in the planning process for the inclusion of a doctor's surgery.

The spokesman also pointed out that both the town council and the NHS Executive will have to give approval for a walk-in centre.

Although the planning application is required for consent for the possible change of use, "it would be difficult to read through to the final execution", said the spokesman. "I would not like to say that we will definitely have a doctor."

Currently, the only Boots store to have a walk-in centre that is open is in Birmingham City centre. No other walk-in centres have been approved beyond those included in the initial announcement.

P2U to offer NHS prescription service

Pharmacy2U (P2U) will be able to offer an NHS prescriptions service when it launches its new web site on September 4. Managing director Daniel Lee said the new site would incorporate many new features and be a lot easier to navigate, making it more attractive to users.

One new feature is the provision of medical and health information. P2U has signed an exclusive deal with Sheffield-based Medical House to supply the on-line pharmacy with information on travel or minor ailments. The deal is expected to earn Medical House a revenue of around £300,000 over two years.

According to Mr Lee, P2U is also looking at business-to-business opportunities with Primary Care Groups (PCGs) and Hospital Trusts. The company has already won a contract to supply medicines to Leeds Hospital trust and has just recruited John Cohen as their B2B director.

Mr Lee also said that P2U would be working very closely with the Government on electronic prescribing and would apply for a pilot when the Government announces its plans. Like others in the pharmaceutical industry, he believes this is likely to be at this year's British Pharmaceutical Conference.

Glaxo Wellcome in hostile bid rumours

Glaxo Wellcome is planning a hostile bid for the Spanish biotechnology company Zeltia, according to rumours. A spokesman for Glaxo Wellcome, however, denied that there was any truth in the speculations and said it was company policy not to comment on industry rumours.

He pointed out that Glaxo Wellcome did not have a particularly strong can-

cer portfolio, the area Zeltia predominantly works in. The Spanish company specialises in potential cancer treatments from marine organisms.

● Glaxo Wellcome and the Italian pharmaceutical company, Cheisi Farmaceutici, have signed an agreement conferring the rights to market CFC-free beclomethasone dipropionate inhalers to Allen & Hanburys.



Moss Pharmacy teams took first and second place in the Dragon Boat Challenge, organised by the Imperial Cancer Research fund. The Moss Dragons, led by managing director Steve Duncan, saw off the competition from within their own ranks as well as from HSBC, IBM, United Airlines and Clifford Chance. Second place went to the Moss Firebirds

Poli-Grip

Poli-Grip Flavour Free

Poli-Grip Flavour Free is a neutral tasting fixative so denture wearers can taste food exactly as it's supposed to taste. With TV spend in 2000 of over £2 million demand is set to be high so give your customers complete choice and stock the whole Poli-Grip Range.

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Dettol delivers

It may be over 65 years old but Dettol Liquid (contains Chloroxynol) is effective against more organisms today than ever before



Not only does it kill *E.coli*, *listeria* and *Staphylococcus aureus* as well as *candida* the organism that causes thrush – its strong heritage marks it out as a 'beacon brand' helping to drive sales. And with a £2.5 million media campaign there's never been a better time to stock Dettol in your store.

Marketing Support:

Dettol have a new advertisement showing the Dettol Knights of Protection rising up from wherever Dettol is used, to demonstrate its reassuring day to day family protection against germs. The 30 and 10 second ads, targeting young mums, are being broadcast on TV and cinema screens nation-wide and are expected to achieve a significant uplift in sales.

Merchandising:

Dettol's multi-functional range allows retailers to maximise the effectiveness of shelf space and encourages customers to cross purchase from the range. In a variety of pack sizes, Dettol is also ideal for dual siting.

Dettol Liquid can be positioned in:

Mother and baby fixtures – alongside cleansing products & nappies

Skincare section – by medicated skincare products & other soaps

Seasonal displays – e.g. summer/holiday fixtures

Dettol Liquid can be used to treat stings, bites, cuts and grazes.

Customer Support:

For a supply of Dettol/Dettox consumer leaflets, call 0500 455456

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Business news

Industry links of advisors under review

Reports in the *Sunday Express* appear to have renewed the debate over potential conflicts of interest for members of the Government's committees who also have financial interest in pharmaceutical companies.

Health Minister Lord Hunt had told Radio 4's 'Today' programme on Monday that, while he understood public concern, he had full confidence in the vigorous code of practice operated by the MCA.

A spokesman for the Association of the British Pharmaceutical Industry (ABPI) said that a certain overlap was virtually inevitable.

"We use the best people when developing and testing our drugs, often through links with academia, so it is not surprising that the Government want to do the same."

The spokesman pointed out that the strict code of practice and the fact that members of the committee had to declare their interest had worked well so far. In fact, it prevented members from taking part in the debate on a product developed by a company they had financial interests in.

The Department of Health said that the Government was reviewing the procedures regarding scientific advisors

across the board. A consultation has gone out and is due to complete at the beginning of December.

Some of the recommendations resulting from the consultation may subsequently be applied to the committee on the safety of medicines, a DoH spokeswoman said.

Both the ABPI and the DoH pointed out that there had been no evidence of any wrongdoing. The DoH spokeswoman did, however, add that any such evidence would be taken very seriously. "These are people who have reached the top of their field. Their professional reputation is at stake."

Simpler and cheaper: e-mail a locum

Locumline.com claims to have designed a simplified way of bringing together locum pharmacists and employers trying to fill their vacancies.

The St Albans-based company allows employers to register their vacancies with one of 50 geographic areas, each of which has a specific e-mail list of locums. Details of the vacancy are then e-mailed automatically to the registered locums in that particular area.

Locums looking for work can also access and respond to vacancies in their vicinity on the same system.

The system also offers the option of establishing a homepage for registered

locums detailing, for instance, their availability.

The company has already registered more than 300 locums in the four weeks it has been operational and it says the uptake has been extremely promising.

By essentially running an e-mail list of locums and matching them up with employers' vacancies, locumline says it has been able to reduce overheads. It charges employers £5 per locum per day rather than the £16 which locum agencies traditionally charge.

Locumline, which is free for locums, can be found at www.locumline.co.uk or on 07990 649346.

Pharmacists only with sales down

Pharmacists are virtually the only retailers who on balance have seen their sales volume fall in the period between July 5 to July 26, a study by the Confederation of British Industry (CBI) shows.

Setting the number of pharmacists reporting sales increases against those reporting a decrease in sales, the survey revealed a balance of minus 34.

Forty sign up for NCI web page

New Concepts for Independents (NCI) has signed up 40 independent pharmacists for its web site service.

Web site design is the latest offering by NCI, which specialises in arranging marketing deals for independent pharmacists. The company charges £699 for the setting up of the page (£250 to NCI members), which it said would be up and running within days. Maintaining the web site will cost between £120-£150 a year.

An example can be found at www.caregrange.co.uk or via the NCI web site at www.nci-pharma.co.uk

This is the first time the balance has fallen into negative figures in a period of at least 12 months. In 1999 the pharmacy sector had recorded a balance of plus 64 for the same period. Retailing in general saw a positive trend, increasing its balance to plus 24.

Alex Muscatelli from the CBI said that one of the reasons is it might have been a particular good July last year.

David Adam Long case uncertain

The case against David Adam Long, the Hertfordshire businessman accused of importing unlicensed drugs (*C&D* July 29, p35), has become stuck in legal manoeuvrings.

At his hearing at Chelmsford Crown Court on July 31, Mr Long's defence claimed abuse of process under the Human Rights Act. The court will rule on the issue on September 29.

If granted, the case against Mr Long will essentially be dismissed. However, if the move is rejected, the trial is scheduled to start on November 13.

Nycomed to float life science division on NASDAQ

Nycomed Amersham, the healthcare group, is to float its life science division, Amersham Pharmacia Biotech (APB), on NASDAQ in New York. It will also move some of APB's management team to Piscataway in New Jersey.

A spokesperson insisted that this did not indicate that APB was preparing to move out of Europe and no redundancies or site closures were planned. "Having made the decision to float on NASDAQ together with the fact that large number of our industry peers, customers and partners are based in the US made this the logical next step."

APB makes equipment for the sequencing of genes. Nycomed Amersham has a 55 per cent stake in it with the remaining 45 per cent owned by Pharmacia & Upjohn. The flotation could value APB at nearly \$6 billion.



Former Health Secretary Virginia Bottomley MP had her heart checked out at a recent visit to Haslemere's Lloydspharmacy's store. The company's Healthyheart lifestyle check has now been introduced in 27 stores. A further five are expected to follow in the next two months



18 years old with a
bright future

Shire's operating profit takes a leap

Shire Pharmaceuticals' operating profit for the second quarter leapt 31 per cent to \$27 million (£18m).

The company announced total revenues of \$123.8m, an increase of 29 per cent. Basic net income per share was 7.7c.

Almost 40 per cent of the total sales were accounted for by one particular drug, Adderall, a treatment for atten-

tion deficiency syndrome. Sales of Adderall increased by 52 per cent to \$41 m.

The company also announced that its daffodil-based treatment for Alzheimer's disease, Reminyl, has received provisional clearance by the US Food and Drug Administration. The drug has already been granted a European licence.

E-commerce advice for small businesses

'Linking for Success', a free publication on how small businesses can benefit from using e-commerce has been published by the Information Society Initiative.

The guide explains how working electronically can improve and simplify working relationships with customers and suppliers alike.

A free copy can be obtained by telephoning 0845-7152000 or by accessing the web site at: www.isi.gov.uk

Health supplement seminars

The Health Supplements Information Service (HSIS) is offering free seminars on health supplements for pharmacy assistants.

The seminars aim to provide pharmacy assistants with the information needed to answer customers' questions adequately.

The four seminars will be held in London on October 3, Glasgow on October 26, Manchester on November 9 and in Cardiff on November 30.

Each will be held in the evenings from 6pm to 8.15pm, and coffee and a light buffet will be served.

New horizons in Parkinson's



Parkinson's Disease Society

A symposium for health, social care, and private sector professionals

What are the social and caring implications of the management of Parkinson's? To find out, sign up to the Parkinson's Disease Society (PDS) interactive symposium at The Moat House Hotel, Liverpool on Friday 8th September 2000 from 9.15am - 5.15pm.

The symposium will provide opportunities to share clinical practice developments as well as the chance to hear presentations on community care, disability rights, research and education. There will be a display of posters, and a prize for the winning poster chosen by the judges.

The participant's fee is £40, including lunch. PGEA and CPD accreditation are being sought. For further details and an application form please contact Michael Webb at Conference House Ltd on 08707 367367. E-mail: mww@conferencehouse.co.uk

Parkinson's Disease Society of the United Kingdom, 215 Vauxhall Bridge Road, London SW1V 1EJ. Registered Charity No. 258197

Xenova raises £5.16m in sale of shares

Xenova Group plc has received valid acceptances for around 1.5m units, comprising five ordinary shares each, which it put on offer last month, raising £5.16 million.

This represents 52 per cent of the total number of units that had been on offer for 345p each. The remaining 1.391m units will now be taken up by institutional and other investors.

Xenova hopes to raise around £20m to finance pre-clinical research and clinical trials.

A further £9.8m are expected to follow, assuming full exercise, at 85p apiece, of the Warrants, which are exercisable between January 1, 2001, and October 31, 2001. Both sums are before expenses.

David A Oxlade, Xenova's chief executive officer, said: "The successful

outcome of this fund raising will enable Xenova to complete the ongoing Phase II clinical trials for our leading products XR9576 and XR5000 and, together with a partner, conduct phase III clinical trials. We will also continue to advance our growing pre-clinical pipeline."

The money will also go towards relocation costs when the lease of the Group's principal Slough facility expires within 12 months. Talks are now under way with Xenova's landlord, Slough Estates, to find alternative accommodation, possibly nearby.

Xenova plans to hold an EGM on August 8. Dealings in new shares and warrants are expected to begin on August 9 and definite certificates should be ready for dispatch by August 11.

Search for Marketeer of the year 2000

The Marketing Society is searching for the New Marketeer 2000. Entrants have to be 35 years or under and be able to show that they have made a valuable contribution to business.

A spokesman for the Marketing Society said that pharmacists who can demonstrate that their marketing efforts have had an impact on their business or company are welcome to

enter the competition

Top prize is a three-week executive training course at INSEAD business school and a weekend for two in Paris.

Submissions have to be received by August 21 and the final judging will take place on October 24.

Entry forms and further information are available from the Marketing Society on 0207 287 3113.

IN BRIEF

Allcures products zip around the web

Allcures.com, the on-line pharmacy, is selling its products through the web site of a newly launched delivery company. Zipround will stock allcures.com products at its warehouse and take orders directly on www.zipround.com. The service only applies to OTC products and Zipround's chairman, Peter Wright, says there are no immediate plans for prescriptions to be delivered through their company. It is something the two companies will discuss in the future.

Minimum wage increases

The national minimum wage will increase from £3.60 to £3.70 with effect from October 1. The increase is due to an amendment of the principal regulation approved by both Houses of Parliament on July 25.

Scotia shares soar after positive Foscan trials

Shares in Scotia, the Scottish biotechnology company, soared by 8 per cent following positive Foscan trials. Shares rose by 10p to 133.5p. Results from the three trials involving 250 patients with head and neck cancers showed elimination of the tumours at 12 weeks in 88 per cent of patients undergoing Foscan mediated photodynamic therapy.

Boots launches BCM web site

Boots Contract Manufacturing has launched its own web site. The company sells its development, manufacturing and testing capabilities of healthcare products to internal clients as well as outside the Boots company. The web site www.bcmhealthcare.co.uk also outlines the range of products available from BCM and gives a virtual tour of BCM facilities.

S&N close to completing restructure

Smith and Nephew said it was nearing the completion of its restructuring programme. S&N, which has now sold off its consumer business, announced underlying sales growth of 8 per cent. Reported sales were £592m, which included £100m in consumer sales. Pretax profits were also up 8 per cent (£91m) and earnings per share were 12.72p. The company will pay out an interim dividend of 37.14p per share by August 11.

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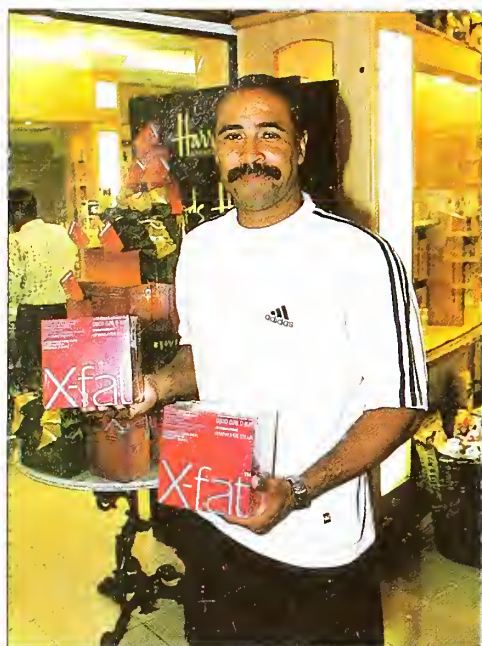
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Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.

Sharon buckles down to a political career



A politic move for Sharon Buckle

Former head of corporate affairs at Crookes Healthcare, Sharon Buckle, has left the company to devote more time to her political career.

Ms Buckle was approved to stand for a Westminster seat on behalf of the Conservative Party last July following her candidacy at last summer's European election. Since then she has stood for 25 seats, getting to the final round in four elections, and losing one by just four votes.

The process of getting elected is made even more difficult by the fact that Ms Buckle is only aiming for safe Conservative seats. If she obtained a safe seat in this round of elections she would be the first female Conservative to do so.

Ms Buckle's interest in politics began through her lobbying activities on behalf of Crookes. She finally made the decision to join the Party at its conference in 1997.

Sun, students, and sex in El Salvador

If your love life is a little lacklustre and most of the people you see at work are at least four decades older than yourself, it could be time to join the International Pharmaceutical Students' Federation.

Unfortunately, the Federation's annual congress in El Salvador will be winding up by the time you read this, but the pre-congress booklet gives an idea of what you may be missing. It presents the 11 members of the reception committee (with pictures) and a brief biog giving details of their availability and suitability.

For the men, there's Beatriz Chavez, who is "one of the nicest girls you'll find... (single)". And in charge of the post congress tour, Blanca Ruano is rated as "a good single prospect... boys". However, it is not all good news - Lily Garcia is "happily married", Ana Pocovi is "not available", and Diane Gal is "not free".

There's also something for the ladies. Top slot, or the crown of IPSF First Lady, is up for grabs. Which red-blooded women would say no to a liaison with the IPSF president, João Carapinha? As well as the obvious status points, João is "good tempered", a "hard worker", and has "a nice character". And which female could fail to be charmed by a man who is not afraid to reveal one of his two loves as Winnie the Pooh?

Also-rans include José Manuel Aguilar, who is "friendly, nice, and so, so cool". Oscar Wilfredo Aguilar is "ready to receive you with his open arms", and the Slovenian representative and internet whizz, Andrej Pucnik, is apparently "a cool dude".

For those who have never enjoyed a fortnight on the Costas, the booklet even offers a dictionary of useful Spanish phrases. Indispensable phrases such as "donde está el bar?" ("where is the bar?") and "cuanto cuesta?" ("how much is it?") are bound to gain points with the opposite sex.

Apart from the conference's romantic aspects, it includes symposia, project workshops, a patient counselling event, and a clinical skills event. C&D will soon be publishing coverage of the event.

APPOINTMENTS

Boehringer Ingelheim Self-Medication has appointed **Mike Smith** as head of sales. Mr Smith was previously sales director of Novartis Consumer Health.

Jim Lennertz has been made director of Pharma Rx, the pharmaceutical division of Roche UK. Mr Lennertz was previously vice president responsible for sales and market access for Roche in Canada.



Mike Smith



Jim Lennertz

Biovex has appointed **Dr Paul Nicholson** as non-executive chairman and **Dr Timothy Rink** as a non-executive director. Dr Nicholson was previously senior vice president, worldwide development at SmithKline Beecham. Dr Rink was previously chairman and chief executive of Aurora Biosciences Inc.

Society appoints four new honorary members

The Royal Pharmaceutical Society has appointed four new honorary members. They are Dr Terry Maguire, Gary Flather, Dr Rob Davidson and Olof Strandqvist.

Dr Maguire is director of the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training. Mr Flather is a former chairman of the Society's Statutory Committee. Dr Davidson is senior director of pharmaceutical research and development at Pfizer. And Mr Strandqvist is a former president of the International Pharmaceutical Federation.



Dr Terry Maguire



Having successfully completed last year's Great North Run, a pharmacist from North Tyneside has decided to go one better this year and do both the North Run and the North Ride. Russell Buglass, of Moss Pharmacy in Whitley Bay, is planning to run a half marathon on October 22 and cycle 30 miles on September 10. It's all in a good cause, of course - Russell decided to raise money for the Raynaud's and Scleroderma Association because the son of a family friend suffers from systemic sclerosis. Russell is pictured, left, with his younger brother getting in some practice at a 130-mile coast to coast ride from St Bees in Cumbria to Tynemouth.

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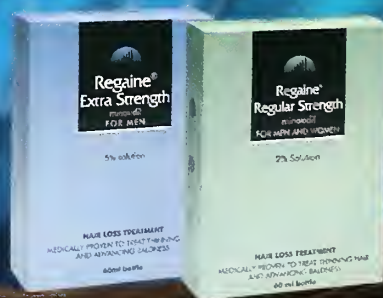
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A PROVEN SOLUTION TO HEREDITARY HAIR LOSS

REGAINE EXTRA STRENGTH® AND REGULAR STRENGTH® (CONTAIN MINOXIDIL) Presentation: Topical solution, containing minoxidil 50mg/ml (Extra Strength) or 20mg/ml (Regular Strength).
Uses: Extra Strength: Treatment of alopecia androgenetica in men only. Regular Strength: Treatment of alopecia androgenetica in men and women. Dosage and administration: 1ml applied to the total affected area of the scalp twice daily. The total daily dosage should not exceed 2ml. The method of application varies according to the disposable applicator used. In all cases the hair and scalp should be thoroughly dry prior to treatment and the solution allowed to dry without the use of a hair dryer. Twice daily application for two months (for Regaine Extra Strength) for 4 months (for Regaine Regular Strength) may be required before evidence of hair-growth stimulation can be expected. Continued use is necessary for continued hair growth. Patients should discontinue treatment if there is no improvement after one year. Contra-indications: Regaine Extra Strength and Regaine Regular Strength are contraindicated in those with: a history of sensitivity to minoxidil, ethanol or propylene glycol, treated or untreated hypertension, users with any scalp abnormalities (including psoriasis or sunburn), those with a shaved scalp and users of occlusive dressings or other topical medicinal preparations. Regaine Extra Strength is also contraindicated in women. Special Warnings & Precautions: For external use only. Flammable. Do not apply to the areas of the body other than the scalp. Regaine contains an alcohol base which will cause burning and irritation to the eye. Safety and effectiveness of Regaine in patients under 18 or over 65 has not been established. Regaine should not be used during pregnancy or lactation. Misuse or use on damaged skin may lead to increased absorption of minoxidil and theoretically, increase the risk of systemic effects. Potential side effects include: irritation and itching of the skin, dry skin or flaking scalp, unwanted growth of non-scalp hair and increased hair shedding upon initial uses of Regaine. Legal category: P. Package quantities: One (both Regular and Extra Strength), or three (Extra Strength). 60ml bottles with the following disposable applicators (pump spray, extended tip or rub-on). PL number: PL 0032/0183 – Extra Strength, PL0032/0136 – Regular Strength. Holder of Product Licence: Pharmacia & Upjohn Ltd, Davy Ave., Milton Keynes, MK5 8PH, UK. Data of preparation: June 2000. Pricing Information: Regular Strength Single Pack: £24.95 retail price (£21.23 excl. VAT), Extra Strength Single Pack: £29.95 retail price (£25.49 excl. VAT), Extra Strength Triple Pack: £59.95 retail price (£51.02 excl. VAT). Additional information is available on request from the product licence holder.

*Compared to 4 months for Regaine Regular Strength



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